

SEMINOLE COUNTY

**Chuluota WWTF
Florida Central Commerce Park WWTP
Harmony Homes**

Docket No. 080121-WS

Application to Increase Rates and Charges
For a "Class A" Utility
In

Florida

**Volume 5
Book 2
Set 13 of 16**

Part 2 of 2

Containing:
Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: **FLA011076**

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 01/01/2007 To: 01/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.093 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon. Site No. FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.113 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 3.3 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.2 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 3.6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/02/19 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DOCUMENT NUMBER DATE

04332 MAY 22 8

FPSC-COMMISSION CLERK

DAILY SAMPLE RESULTS - PART B

Facility Name: **Chuluota WWTF**

Permit Number: **FLA011076**

Discharge Point Number: **R-001**

County: **Seminole**

Monitoring Period From: 1/1/07 To: 1/31/07

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------------|-----------------|--|---|--------------|------------|-----------------------------------|------------|-----------------|---------------|
| | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.5 | | 2.2 | 0.110 | | |
| 2 | | | | 7.3 | | 2.2 | 0.110 | | |
| 3 | | | | 7.4 | | 2.2 | 0.110 | | |
| 4 | | | | 7.0 | | 2.2 | 0.110 | | |
| 5 | | | | 7.4 | | 2.2 | 0.079 | | |
| 6 | | | | 7.4 | | 2.2 | 0.121 | | |
| 7 | | | | | | | 0.141 | | |
| 8 | | | | 7.0 | | 2.2 | 0.124 | | |
| 9 | | | | 7.0 | | 2.2 | 0.114 | | |
| 10 | | | | 7.0 | | 2.2 | 0.105 | | |
| 11 | 2.3 | 1.0< | 17 | 7.0 | 1.0< | 2.2 | 0.110 | 170 | 58 |
| 12 | | | | 7.1 | | 2.2 | 0.110 | | |
| 13 | | | | 7.0 | | 2.2 | 0.110 | | |
| 14 | | | | | | | 0.095 | | |
| 15 | | | | 6.9 | | 1.7 | 0.129 | | |
| 16 | | | | 6.9 | | 2.2 | 0.083 | | |
| 17 | | | | 7.0 | | 2.2 | 0.147 | | |
| 18 | | | | 7.0 | | 2.2 | 0.148 | | |
| 19 | | | | 7.1 | | 2.2 | 0.068 | | |
| 20 | | | | 7.5 | | 2.2 | 0.139 | | |
| 21 | | | | | | | 0.145 | | |
| 22 | | | | 7.0 | | 2.2 | 0.131 | | |
| 23 | | | | 7.0 | | 2.2 | 0.114 | | |
| 24 | | | | 7.0 | | 0.6 | 0.114 | | |
| 25 | 2.0 | 1.0< | 4.7 | 7.0 | 1.0< | 1.5 | 0.147 | 470 | 890 |
| 26 | | | | 7.1 | | 2.2 | 0.084 | | |
| 27 | | | | 7.6 | | 2.1 | 0.148 | | |
| 28 | | | | | | | 0.098 | | |
| 29 | | | | 7.5 | | 2.2 | 0.106 | | |
| 30 | | | | 7.6 | | 2.2 | 0.128 | | |
| 31 | | | | 7.7 | | 2.2 | 0.029 | | |

PLANT STAFFING:

| | | | |
|--------------------|--------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Alfred Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 02/01/2007 To: 02/28/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.095 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.114 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 3.1 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.75 3.5 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 3.6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.0< 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/03/16 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 2/1/07 To: 2/28/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|----------------|-----------------------------------|--|----------------|----------------|-----------------------------|-----------------|-----------------|-----------------|
| Mon. Site | 80082 EFA-1 | 74055 EFA-1 | 00620 EFA-1 | 00400 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-01 | 80082 INF-01 | 00530 INF-01 |
| 1 | | | | 7.5 | | 2.2 | 0.118 | | |
| 2 | | | | 7.6 | | 2.2 | 0.128 | | |
| 3 | | | | 7.6 | | 2.2 | 0.116 | | |
| 4 | | | | | | | 0.116 | | |
| 5 | | | | 7.5 | | 0.5 | 0.117 | | |
| 6 | | | | 7.6 | | 1.6 | 0.095 | | |
| 7 | | | | 7.6 | | 2.2 | 0.107 | | |
| 8 | 2.0< | 1.0< | 7.6 | 7.6 | 1.0< | 2.2 | 0.106 | 86 | 220 |
| 9 | | | | 7.3 | | 1.9 | 0.122 | | |
| 10 | | | | | | | 0.122 | | |
| 11 | | | | 7.5 | | 2.2 | 0.118 | | |
| 12 | | | | 7.5 | | 2.2 | 0.100 | | |
| 13 | | | | 7.6 | | 1.2 | 0.110 | | |
| 14 | | | | 7.6 | | 1.8 | 0.106 | | |
| 15 | | | | 7.5 | | 0.75 | 0.075 | | |
| 16 | | | | 7.4 | | 0.92 | 0.126 | | |
| 17 | | | | 7.3 | | 2.2 | 0.094 | | |
| 18 | | | | | | | 0.094 | | |
| 19 | | | | 7.4 | | 2.2 | 0.108 | | |
| 20 | | | | 7.4 | | 1 | 0.134 | | |
| 21 | | | | 7.4 | | 2.2 | 0.083 | | |
| 22 | 3.5 | 1.0< | 8.6 | 7.4 | 5.2 | 2.2 | 0.141 | 220 | 220 |
| 23 | | | | 7.1 | | 1.6 | 0.132 | | |
| 24 | | | | 7.3 | | 2.2 | 0.109 | | |
| 25 | 2.0 | 1.0< | | | 1.0< | | 0.109 | | |
| 26 | | | | 7.4 | | 2.2 | 0.150 | | |
| 27 | | | | 7.4 | | 2.2 | 0.138 | | |
| 28 | | | | 7.1 | | 2.2 | 0.104 | | |
| 29 | | | | | | | 0.000 | | |
| 30 | | | | | | | 0.000 | | |
| 31 | | | | | | | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
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| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 03/01/2007 To: 03/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-------|------------|-----------------------|--------------------------|
| Flow, Total Through Plant | Sample Measurement | 0.096 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.108 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.95 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.8 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 3.78 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/04/11 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 3/1/07

To: 3/31/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.6 | | 2.2 | 0.128 | | |
| 2 | | | | 7.5 | | 2.2 | 0.133 | | |
| 3 | | | | 7.1 | | 2.2 | 0.119 | | |
| 4 | | | | | | | 0.116 | | |
| 5 | | | | 7.1 | | 2.2 | 0.116 | | |
| 6 | | | | 7.3 | | 2.2 | 0.118 | | |
| 7 | | | | 7.1 | | 2.2 | 0.109 | | |
| 8 | 2.0 | 1.0< | 4.0 | 7.3 | 1.0< | 2.2 | 0.110 | 300 | 210 |
| 9 | | | | 7.2 | | 2.2 | 0.145 | | |
| 10 | | | | 7.6 | | 2.2 | 0.076 | | |
| 11 | | | | | | | 0.102 | | |
| 12 | | | | 7.0 | | 2.2 | 0.102 | | |
| 13 | | | | 7.2 | | 2.2 | 0.101 | | |
| 14 | | | | 7.0 | | 2.2 | 0.096 | | |
| 15 | | | | 7.0 | | 2.2 | 0.088 | | |
| 16 | | | | 7.1 | | 2.2 | 0.107 | | |
| 17 | | | | 7.1 | | 2.2 | 0.096 | | |
| 18 | | | | | | | 0.119 | | |
| 19 | | | | 7.1 | | 2.2 | 0.119 | | |
| 20 | | | | 7.0 | | 2.2 | 0.120 | | |
| 21 | | | | 6.9 | | 1.5 | 0.103 | | |
| 22 | 2.9 | 1.0< | 12.0 | 7.0 | 3.7 | 1.5 | 0.080 | 140 | 220 |
| 23 | | | | 7.3 | | 2.2 | 0.130 | | |
| 24 | | | | 7.3 | | 2.2 | 0.080 | | |
| 25 | | | | | | | 0.105 | | |
| 26 | | | | 7.3 | | 2.2 | 0.105 | | |
| 27 | | | | 7.3 | | 2.2 | 0.119 | | |
| 28 | | | | 7.0 | | 2.2 | 0.117 | | |
| 29 | | | | 7.1 | | 2.2 | 0.102 | | |
| 30 | | | | 7.1 | | 2.2 | 0.104 | | |
| 31 | | | | 7.2 | | 2.2 | 0.092 | | |

PLANT STAFFING:

| | | | |
|--------------------|--------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Alfred Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 04/01/2007 To: 04/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|-------------------------------|--------------------|---------------------|-------|--------------------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.097 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y | Permit | 0.1 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | Measurement | (An.Avg.) | | | | | | |
| Flow, Total Through Plant | Sample Measurement | 0.110 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 | Permit | Report | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | Measurement | (Mo.Avg.) | | | | | | |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.95 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y | Permit | | | 20.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (An. Avg.) | | | | |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 | Permit | | | Report | 60.0 | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (Mo.Avg.) | (Max) | | | |
| Solids, Total Suspended | Sample Measurement | | | 3.73 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y | Permit | | | 20.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (An. Avg.) | | | | |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 | Permit | | | Report | 60.0 | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (Mo.Avg.) | (Max) | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/05/06 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period From: 4/1/07

Permit Number: FLA011076

Discharge Point Number: R-001

To: 4/30/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | 800B2 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.4 | | 2.2 | 0.122 | | |
| 2 | | | | 7.4 | | 2.2 | 0.109 | | |
| 3 | | | | 7.3 | | 2.2 | 0.107 | | |
| 4 | | | | 7.4 | | 1.3 | 0.104 | | |
| 5 | 3.2 | 1.0< | 5.2 | 7.4 | 1.0< | 2.1 | 0.127 | 350 | 370 |
| 6 | | | | 7.5 | | 2.2 | 0.087 | | |
| 7 | | | | 7.6 | | 1.3 | 0.116 | | |
| 8 | | | | | | | 0.116 | | |
| 9 | | | | 7.4 | | 2.2 | 0.114 | | |
| 10 | | | | 7.0 | | 2.2 | 0.112 | | |
| 11 | | | | 7.0 | | 2.2 | 0.109 | | |
| 12 | | | | 7.0 | | 2.2 | 0.114 | | |
| 13 | | | | 7.3 | | 2.2 | 0.107 | | |
| 14 | | | | 7.2 | | 2.2 | 0.121 | | |
| 15 | | | | | | | 0.121 | | |
| 16 | | | | 7.3 | | 2.2 | 0.107 | | |
| 17 | | | | 7.2 | | 1.5 | 0.110 | | |
| 18 | | | | 7.2 | | 1.8 | 0.102 | | |
| 19 | 2.0< | 1.0< | 8.0 | 7.3 | 1.0< | 2.2 | 0.108 | 350 | 310 |
| 20 | | | | 7.3 | | 2.2 | 0.109 | | |
| 21 | | | | 7.3 | | 2.2 | 0.112 | | |
| 22 | | | | | | | 0.112 | | |
| 23 | | | | 7.3 | | 1.42 | 0.106 | | |
| 24 | | | | 7.3 | | 2.2 | 0.103 | | |
| 25 | | | | 7.3 | | 2.2 | 0.103 | | |
| 26 | | | | 7.6 | | 2.2 | 0.133 | | |
| 27 | | | | 7.5 | | 2.2 | 0.079 | | |
| 28 | | | | 7.4 | | 2.2 | 0.114 | | |
| 29 | | | | | | | 0.114 | | |
| 30 | | | | 7.4 | | 2.1 | 0.108 | | |
| 31 | | | | | | | 0.000 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32768
 COUNTY: Seminole

MONITORING PERIOD From: 05/01/2007 To: 05/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.099 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.113 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.90 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 1.1< | 2.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 3.55 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.1< | 1.2 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|--|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/06/11 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): | | | |

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 5/1/07 To: 5/31/07

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------------|-----------------|--|---|----------------|----------------|-----------------------------------|-----------------|-----------------|-----------------|
| | 80082 EFA-1 | 74055 EFA-1 | 00620 EFA-1 | 00400 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-01 | 80082 INF-01 | 00530 INF-01 |
| 1 | | | | 7.4 | | 2.2 | 0.104 | | |
| 2 | | | | 7.4 | | 2.2 | 0.107 | | |
| 3 | 2.0< | 1.0< | 6.1 | 7.4 | 1.2 | 2.0 | 0.107 | 210 | 210 |
| 4 | | | | 7.4 | | 2.2 | 0.106 | | |
| 5 | | | | 7.3 | | 2.2 | 0.115 | | |
| 6 | | | | | | | 0.115 | | |
| 7 | | | | 7.4 | | 2.0 | 0.112 | | |
| 8 | | | | 7.4 | | 2.2 | 0.114 | | |
| 9 | | | | 7.3 | | 2.2 | 0.110 | | |
| 10 | | | | 7.4 | | 2.2 | 0.110 | | |
| 11 | | | | 7.4 | | 2.2 | 0.118 | | |
| 12 | | | | 7.5 | | 2.2 | 0.117 | | |
| 13 | | | | | | | 0.117 | | |
| 14 | | | | 7.5 | | 2.2 | 0.118 | | |
| 15 | | | | 7.5 | | 2.2 | 0.115 | | |
| 16 | | | | 7.3 | | 2.2 | 0.108 | | |
| 17 | 2.0 | 1.0< | 4.4 | 7.4 | 1.0< | 2.2 | 0.113 | 160 | 130 |
| 18 | | | | 7.4 | | 2.0 | 0.114 | | |
| 19 | | | | 7.5 | | 1.9 | 0.116 | | |
| 20 | | | | | | | 0.116 | | |
| 21 | | | | 7.4 | | 1.5 | 0.111 | | |
| 22 | | | | 7.4 | | 1.8 | 0.109 | | |
| 23 | | | | 7.3 | | 2.2 | 0.111 | | |
| 24 | | | | 7.3 | | 1.1 | 0.124 | | |
| 25 | | | | 7.4 | | 2.2 | 0.129 | | |
| 26 | | | | 7.4 | | 2.2 | 0.095 | | |
| 27 | | | | | | | 0.095 | | |
| 28 | | | | 7.4 | | 2.2 | 0.158 | | |
| 29 | | | | 7.5 | | 2.2 | 0.110 | | |
| 30 | | | | 7.5 | | 2.2 | 0.073 | | |
| 31 | 2.0 | 1.0< | 6.3 | 7.6 | 1.0< | 2.2 | 0.130 | 330 | 270 |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 06/01/2007 To: 06/30/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|------------------------------|-------|-----------------------------|-------|------------|-----------------------|--------------------------|
| Flow, Total Through Plant PARM Code 50050 Y Mon.Site No. FLW-1 | 0.101 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant PARM Code 50050 1 Mon.Site No. FLW-1 | 0.110 Report (Mo.Avg.) | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 Y Mon.Site No. EFA-1 | | | 2.81 20.0 (An. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 1 Mon.Site No. EFA-1 | | | 2.0< Report (Mo.Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1 | | | 3.17 20.0 (An. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1 | | | 1.0< Report (Mo.Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| | | | 2.0< 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/07/11 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 6/1/07 To: 6/30/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L): | TRC (For Disinfect.) (mg/L) | Flow (MGD): | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|-------------|-----------------------------|-------------|--------------|------------|
| Mon. Site | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.5 | | 2.2 | 0.083 | | |
| 2 | | | | 7.5 | | 2.2 | 0.103 | | |
| 3 | | | | | | | 0.103 | | |
| 4 | | | | 7.6 | | 1.5 | 0.099 | | |
| 5 | | | | 7.5 | | 0.7 | 0.101 | | |
| 6 | | | | 7.6 | | 2.2 | 0.101 | | |
| 7 | | | | 7.6 | | 2.2 | 0.103 | | |
| 8 | | | | 7.5 | | 2.2 | 0.109 | | |
| 9 | | | | 7.5 | | 2.2 | 0.107 | | |
| 10 | | | | | | | 0.107 | | |
| 11 | | | | 7.6 | | 2.2 | 0.106 | | |
| 12 | | | | 7.6 | | 2.2 | 0.102 | | |
| 13 | | | | 7.6 | | 2.2 | 0.109 | | |
| 14 | 2.0< | 1.0< | 6.4 | 7.5 | | 2.2 | 0.108 | 320 | 290 |
| 15 | | | | 7.5 | | 2.2 | 0.110 | | |
| 16 | | | | 7.6 | | 2.2 | 0.188 | | |
| 17 | | | | | | | 0.188 | | |
| 18 | | | | 7.6 | | 2.2 | 0.105 | | |
| 19 | | | | 7.5 | | 2.2 | 0.076 | | |
| 20 | | | | 7.6 | | 2.2 | 0.103 | | |
| 21 | | | | 7.5 | | 2.2 | 0.105 | | |
| 22 | | | | 7.5 | | 2.2 | 0.116 | | |
| 23 | | | | 7.5 | | 2.2 | 0.110 | | |
| 24 | | | | | | | 0.110 | | |
| 25 | | | | 7.5 | | 2.2 | 0.114 | | |
| 26 | | | | 7.5 | | 2.2 | 0.104 | | |
| 27 | | | | 7.6 | | 2.2 | 0.104 | | |
| 28 | 2.0< | 1.0< | 5.0 | 7.5 | | 2.2 | 0.119 | 190 | 240 |
| 29 | | | | 7.6 | | 2.2 | 0.117 | | |
| 30 | | | | 7.5 | | 2.2 | 0.098 | | |
| 31 | | | | | | | | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|--------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3318 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

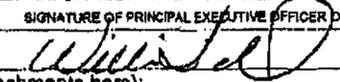
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 07/01/2007 To: 07/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|-------------------------------|---------------------|-------|--------------------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | 0.102 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Sample Measurement | | | | | | | |
| PARM Code 50050 Y | 0.1 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | (An.Avg.) | | | | | | |
| Flow, Total Through Plant | 0.103 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| Sample Measurement | | | | | | | |
| PARM Code 50080 1 | Report | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | (Mo.Avg.) | | | | | | |
| BOD, Carbonaceous 5 day, 20°C | | | 2.82 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Sample Measurement | | | | | | | |
| PARM Code 80082 Y | | | 20.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | | | (An. Avg.) | | | | |
| BOD, Carbonaceous 5 day, 20°C | | | 2.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Sample Measurement | | | | | | | |
| PARM Code 80082 1 | | | Report | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | | | (Mo.Avg.) | | | | |
| | | | 60.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| | | | (Max) | | | | |
| Solids, Total Suspended | | | 2.65 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Sample Measurement | | | | | | | |
| PARM Code 00530 Y | | | 20.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | | | (An. Avg.) | | | | |
| Solids, Total Suspended | | | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Sample Measurement | | | | | | | |
| PARM Code 00530 1 | | | Report | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | | | (Mo.Avg.) | | | | |
| | | | 60.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| | | | (Max) | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendal / Sen. Fac. Operator |  | 407-339-5424 | 07/08/09 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminola

Monitoring Period From: 7/1/07

To: 7/31/07

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|---------------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| 1 | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 2 | | | | 7.6 | | 2.2 | 0.098 | | |
| 3 | | | | 7.6 | | 2.2 | 0.107 | | |
| 4 | | | | 7.5 | | 2.2 | 0.105 | | |
| 5 | | | | 7.6 | | 2.2 | 0.129 | | |
| 6 | | | | 7.5 | | 0.7 | 0.139 | | |
| 7 | | | | 7.6 | | 2.2 | 0.067 | | |
| 8 | | | | 7.5 | | 2.2 | 0.102 | | |
| 9 | | | | | | | 0.102 | | |
| 10 | | | | 7.6 | | 2.2 | 0.099 | | |
| 11 | | | | 7.6 | | 2.2 | 0.118 | | |
| 12 | 2.0< | 1.0< | 4.3 | 7.5 | 1.0< | 2.2 | 0.094 | 460 | 270 |
| 13 | | | | 7.6 | | 2.2 | 0.109 | | |
| 14 | | | | 7.6 | | 2.2 | 0.097 | | |
| 15 | | | | | | | 0.097 | | |
| 16 | | | | 7.4 | | 2.2 | 0.100 | | |
| 17 | | | | 7.4 | | 0.6 | 0.099 | | |
| 18 | | | | 7.4 | | 0.7 | 0.092 | | |
| 19 | | | | 7.4 | | 2.2 | 0.090 | | |
| 20 | | | | 7.6 | | 2.2 | 0.140 | | |
| 21 | | | | 7.8 | | 2.2 | 0.080 | | |
| 22 | | | | | | | 0.080 | | |
| 23 | | | | 7.6 | | 2.2 | 0.106 | | |
| 24 | | | | 7.6 | | 2.2 | 0.128 | | |
| 25 | | | | 7.7 | | 2.2 | 0.087 | | |
| 26 | 2.0< | 1.0< | 5.7 | 7.6 | 1.0< | 2.0 | 0.118 | 250 | 120 |
| 27 | | | | 7.7 | | 2.0 | 0.098 | | |
| 28 | | | | 7.7 | | 2.2 | 0.108 | | |
| 29 | | | | | | | 0.108 | | |
| 30 | | | | 7.6 | | 2.2 | 0.103 | | |
| 31 | | | | 7.6 | | 2.2 | 0.108 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 809520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 08/01/2007 To: 08/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--------------------------------------|-------------------------------------|-------|--------------------------|------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement 0.104 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement 0.106 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | 2.42 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | 2.0< | 2.0< | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | Report (Mo.Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | 2.18 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | 1.0< | 1.0< | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | Report (Mo.Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator |  | 407-339-5424 | 09/09/05 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period

From: 8/1/07

To: 8/31/07

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.6 | | 2.2 | 0.115 | | |
| 2 | | | | 7.8 | | 2.2 | 0.115 | | |
| 3 | | | | 7.8 | | 2.2 | 0.104 | | |
| 4 | | | | 7.4 | | 2.2 | 0.105 | | |
| 5 | | | | | | 0.7 | 0.105 | | |
| 6 | | | | 7.8 | | 1.5 | 0.101 | | |
| 7 | | | | 7.6 | | 2.2 | 0.109 | | |
| 8 | | | | 7.4 | | 2.2 | 0.107 | | |
| 9 | 2.0< | 1.0< | 6.5 | 7.6 | 1.0< | 2.2 | 0.126 | 213 | 173 |
| 10 | | | | 7.6 | | 2.2 | 0.081 | | |
| 11 | | | | 7.5 | | 0.9 | 0.111 | | |
| 12 | | | | | | | 0.111 | | |
| 13 | | | | 7.6 | | 1.4 | 0.117 | | |
| 14 | | | | 7.5 | | 1.6 | 0.096 | | |
| 15 | | | | 7.6 | | 2.2 | 0.095 | | |
| 16 | | | | 7.6 | | 2.2 | 0.104 | | |
| 17 | | | | 7.6 | | 2.2 | 0.105 | | |
| 18 | | | | 7.6 | | 2.2 | 0.120 | | |
| 19 | | | | | | 2.2 | 0.120 | | |
| 20 | | | | 7.6 | | 1.9 | 0.104 | | |
| 21 | | | | 7.4 | | 1.4 | 0.108 | | |
| 22 | | | | 7.4 | | 1.0 | 0.103 | | |
| 23 | 2.0< | 1.0< | 6.4 | 7.6 | 1.3 | 1.3 | 0.105 | 300 | 692 |
| 24 | | | | 7.4 | | 1.3 | 0.095 | | |
| 25 | | | | 7.6 | | 0.9 | 0.119 | | |
| 26 | | | | | | | 0.119 | | |
| 27 | | | | 7.6 | | 1.9 | 0.112 | | |
| 28 | | | | 7.6 | | 1.0 | 0.149 | | |
| 29 | | | | 7.8 | | 2.2 | 0.098 | | |
| 30 | | | | 7.5 | | 2.2 | 0.074 | | |
| 31 | | | | 7.6 | | 2.2 | 0.054 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32786
 COUNTY: Seminole

MONITORING PERIOD From: 09/01/2007 To: 09/30/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|------------------------------|-------|--|-------|------------|-----------------------|--------------------------|
| Flow, Total Through Plant PARM Code 50050 Y Mon.Site No. FLW-1 | 0.107 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant PARM Code 50050 1 Mon.Site No. FLW-1 | 0.120 Report (Mo.Avg.) | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 Y Mon.Site No. EFA-1 | | | 2.42 20.0 (An. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 1 Mon.Site No. EFA-1 | | | 4.2< 5.9 Report (Mo.Avg.) 50.0 (Max) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1 | | | 1.7< 20.0 (An. Avg.) | mg/L | 1 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1 | | | 1.0< 1.0< Report (Mo.Avg.) 60.0 (Max) | mg/L | 0 | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
|---|--|---------------|-----------------|
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/10/14 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: **Chuluota WWTF**

Permit Number: **FLA011076**

Discharge Point Number: **R-001**

County: **Seminole**

Monitoring Period From: **9/1/07**

To: **9/30/07**

| Code | 80082 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | 80082 (mg/L) | TSS (mg/L) |
|-----------|-----------------|--|---|--------------|------------|-----------------------------------|------------|-----------------|---------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.5 | | 2.2 | 0.066 | | |
| 2 | | | | 7.6 | | 2.2 | 0.066 | | |
| 3 | | | | | | | 0.137 | | |
| 4 | | | | 7.5 | | 1.7 | 0.166 | | |
| 5 | | | | 7.5 | | 2.2 | 0.070 | | |
| 6 | 5.85 | 1.0< | 8.8 | 7.6 | 1.0< | 2.2 | 0.164 | 132 | 291 |
| 7 | | | | 7.9 | | 2.2 | 0.072 | | |
| 8 | | | | 7.6 | | 2.2 | 0.124 | | |
| 9 | | | | | | | 0.124 | | |
| 10 | | | | 7.4 | | 0.6 | 0.181 | | |
| 11 | | | | 7.5 | | 1.1 | 0.093 | | |
| 12 | | | | 7.8 | | 2.2 | 0.163 | | |
| 13 | | | | 7.6 | | 2.2 | 0.111 | | |
| 14 | | | | 7.6 | | 2.2 | 0.084 | | |
| 15 | | | | 7.6 | | 1.1 | 0.142 | | |
| 16 | | | | | | | 0.142 | | |
| 17 | | | | 7.7 | | 2.2 | 0.123 | | |
| 18 | | | | 7.6 | | 2.2 | 0.083 | | |
| 19 | | | | 7.6 | | 1.2 | 0.132 | | |
| 20 | 2.53 | 1.0< | 3.6 | 7.7 | 1.0< | 2.2 | 0.166 | 449 | 569 |
| 21 | | | | 7.6 | | 2.2 | 0.091 | | |
| 22 | | | | 7.6 | | 2.2 | 0.158 | | |
| 23 | | | | | | | 0.158 | | |
| 24 | | | | 7.5 | | 2.2 | 0.102 | | |
| 25 | | | | 7.5 | | 1.1 | 0.132 | | |
| 26 | | | | 7.4 | | 2.2 | 0.157 | | |
| 27 | | | | 7.6 | | 2.2 | 0.105 | | |
| 28 | | | | 7.6 | | 2.2 | 0.063 | | |
| 29 | | | | | | | 0.129 | | |
| 30 | | | | 7.5 | | 2.2 | 0.130 | | |
| 31 | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

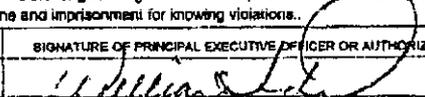
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 10/01/2007 To: 10/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---------------------------------------|--------------------|----------------------|-------|--------------------------|---------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.109 | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 Mon Site No: FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.121 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 Mon Site No: FLW-1 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.42 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Mon Site No: EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.0< | 2.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Mon Site No: EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.5< | | mg/L | 1 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Mon Site No: EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Mon Site No: EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|---------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YYMMDD) |
| William Trendel / Sen. Fac. Operator |  | 407-339-5424 | 07/11/19 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period From: 10/1/07 To: 10/31/07

Permit Number: FLA011076

Discharge Point Number: R-001

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.6 | | 2.2 | 0.130 | | |
| 2 | | | | 7.7 | | 2.2 | 0.086 | | |
| 3 | | | | 7.6 | | 2.0 | 0.137 | | |
| 4 | 2.0< | 1.0< | 3.4 | 7.6 | 1.0< | 2.2 | 0.126 | 150 | 210 |
| 5 | | | | 7.6 | | 2.2 | 0.136 | | |
| 6 | | | | 7.6 | | 2.2 | 0.140 | | |
| 7 | | | | | | | 0.148 | | |
| 8 | | | | 7.6 | | 1.57 | 0.139 | | |
| 9 | | | | 7.6 | | 1.63 | 0.161 | | |
| 10 | | | | 7.6 | | 2.2 | 0.090 | | |
| 11 | | | | 7.7 | | 2.2 | 0.100 | | |
| 12 | | | | 7.7 | | 2.2 | 0.117 | | |
| 13 | | | | 7.6 | | 2.2 | 0.112 | | |
| 14 | | | | | | | 0.112 | | |
| 15 | | | | 7.6 | | 1.1 | 0.101 | | |
| 16 | | | | 7.9 | | 2.2 | 0.148 | | |
| 17 | | | | 7.7 | | 2.2 | 0.095 | | |
| 18 | 2.0< | 1.0< | 4.4 | 7.2 | 1.0< | 2.2 | 0.152 | 240 | 250 |
| 19 | | | | 7.5 | | 1.2 | 0.104 | | |
| 20 | | | | | | 2.2 | 0.104 | | |
| 21 | | | | 7.6 | | 2.2 | 0.166 | | |
| 22 | | | | 7.6 | | 2.2 | 0.097 | | |
| 23 | | | | 7.5 | | 2.2 | 0.148 | | |
| 24 | | | | 7.7 | | 2.2 | 0.090 | | |
| 25 | | | | 7.7 | | 2.2 | 0.131 | | |
| 26 | | | | 7.6 | | 2.2 | 0.091 | | |
| 27 | | | | 7.6 | | 2.2 | 0.137 | | |
| 28 | | | | | | | 0.137 | | |
| 29 | | | | 7.7 | | 2.2 | 0.108 | | |
| 30 | | | | 7.6 | | 1.1 | 0.184 | | |
| 31 | | | | 7.6 | | 2.2 | 0.113 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 11/01/2007 To: 11/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|-----------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.112 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 Y Mon. Site No. FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.123 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 1 Mon. Site No. FLW-1 | Permit Measurement | Report: (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.38 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.1< | 2.2 | mg/L | 0 | Every Two Weeks |
| PARM Code 80082 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | mg/L | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.5< | mg/L | | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | 1.0< | mg/L | 0 | Every Two Weeks |
| PARM Code 00530 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | mg/L | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/12/11 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 11/1/07

To: 11/30/07

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon.Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | 2.2 | 1.0< | 6.4 | 7.4 | 1.0< | 2.2 | 0.101 | 280 | 510 |
| 2 | | | | 7.2 | | 2.2 | 0.127 | | |
| 3 | | | | 7.4 | | 2.2 | 0.121 | | |
| 4 | | | | 7.1 | | 2.2 | 0.177 | | |
| 5 | | | | 7.6 | | 2.2 | 0.101 | | |
| 6 | | | | 7.6 | | 2.2 | 0.105 | | |
| 7 | | | | 7.0 | | 1.4 | 0.117 | | |
| 8 | | | | 7.4 | | 1.4 | 0.120 | | |
| 9 | | | | 7.3 | | 1.6 | 0.145 | | |
| 10 | | | | 7.6 | | 2.2 | 0.129 | | |
| 11 | | | | 7.6 | | 2.2 | 0.124 | | |
| 12 | | | | | | | 0.153 | | |
| 13 | | | | 7.6 | | 1.8 | 0.075 | | |
| 14 | | | | 7.6 | | 2.2 | 0.123 | | |
| 15 | 2.0< | 1.0< | 4.1 | 7.3 | 1.0< | 2.1 | 0.120 | 200 | 310 |
| 16 | | | | 7.5 | | 2.2 | 0.139 | | |
| 17 | | | | 7.4 | | 2.2 | 0.093 | | |
| 18 | | | | | | | 0.125 | | |
| 19 | | | | 7.4 | | 2.2 | 0.138 | | |
| 20 | | | | 7.4 | | 2.2 | 0.086 | | |
| 21 | | | | 7.5 | | 2.2 | 0.123 | | |
| 22 | | | | 7.4 | | 2.2 | 0.139 | | |
| 23 | | | | 7.4 | | 2.2 | 0.113 | | |
| 24 | | | | 7.7 | | 2.2 | 0.127 | | |
| 25 | | | | | | | 0.127 | | |
| 26 | | | | 7.4 | | 2.2 | 0.124 | | |
| 27 | | | | 7.4 | | 2.2 | 0.121 | | |
| 28 | | | | 7.4 | | 2.2 | 0.116 | | |
| 29 | 2.0< | 1.0< | 2.5 | 7.5 | | 2.2 | 0.160 | 130 | 240 |
| 30 | | | | 7.5 | | 2.2 | 0.118 | | |
| 31 | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

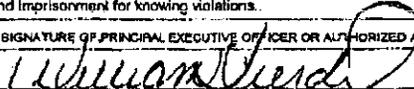
LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 12/01/2007 To: 12/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------------------------|-------|------------------------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement 0.113 | mgd | | | | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 Y Mon. Site No. FLW-1 | Permit Measurement 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement 0.124 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 1 Mon. Site No. FLW-1 | Permit Measurement Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | 2.38 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | 2.0< 2.0 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon. Site No. EFA-1 | Permit Measurement | | Report (Mo. Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | 1.5< | mg/L | | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | 1.1< 1.1< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon. Site No. EFA-1 | Permit Measurement | | Report (Mo. Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator |  | 407-339-5424 | 08/01/14 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period From: 12/1/07

Permit Number: FLA011076

Discharge Point Number: R-001

To: 12/31/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.4 | | 1.2 | 0.113 | | |
| 2 | | | | | | | 0.113 | | |
| 3 | | | | 7.4 | | 2.2 | 0.124 | | |
| 4 | | | | 7.6 | | 1.2 | 0.116 | | |
| 5 | | | | 7.4 | | 2.2 | 0.116 | | |
| 6 | | | | 7.4 | | 2.2 | 0.126 | | |
| 7 | | | | 7.4 | | 2.2 | 0.117 | | |
| 8 | | | | 7.4 | | 1.1 | 0.133 | | |
| 9 | | | | | | | 0.133 | | |
| 10 | | | | 7.4 | | 1.33 | 0.154 | | |
| 11 | | | | 7.0 | | 2.2 | 0.124 | | |
| 12 | | | | 7.1 | | 2.2 | 0.088 | | |
| 13 | 2.0< | 1.0< | 2.60 | 7.2 | 1.0< | 2.2 | 0.164 | 330 | 600 |
| 14 | | | | 7.2 | | 2.2 | 0.074 | | |
| 15 | | | | 7.1 | | 2.2 | 0.129 | | |
| 16 | | | | | | | 0.129 | | |
| 17 | | | | 7.2 | | 2.2 | 0.119 | | |
| 18 | | | | 7.4 | | 1.4 | 0.120 | | |
| 19 | | | | 7.3 | | 2.2 | 0.113 | | |
| 20 | | | | 7.40 | | 2.2 | 0.127 | | |
| 21 | | | | 7.4 | | 1.9 | 0.116 | | |
| 22 | | | | 7.4 | | 2.2 | 0.129 | | |
| 23 | | | | | | | 0.129 | | |
| 24 | | | | 7.4 | | 1.5 | 0.135 | | |
| 25 | | | | 7.4 | | 2.2 | 0.125 | | |
| 26 | | | | 7.4 | | 1.4 | 0.124 | | |
| 27 | 2.0 | 1.0< | 2.0 | 7.2 | 1.1< | 2.2 | 0.124 | 220 | 170 |
| 28 | | | | 7.4 | | 2.2 | 0.124 | | |
| 29 | | | | 7.3 | | 0.9 | 0.140 | | |
| 30 | | | | | | | 0.140 | | |
| 31 | | | | 7.5 | | 2.2 | 0.121 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood FL, 32750

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 01/01/2006 To: 01/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.096 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 60050 Y Mon. Site No. FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.093 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 60060 1 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 6.0 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 5.7 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 10.9 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 14.2 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|----------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Operator | <i>William Trendel</i> | 1-407-339-5424 | 06/02/09 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DOCUMENT NUMBER-DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period From: 1/1/06 To: 1/31/06

Permit Number: FLA011076

Discharge Point Number: R-001

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | | | | 0.092 | | |
| 2 | | | | 7.5 | | 2.2 | 0.111 | | |
| 3 | | | | 7.4 | | 2.2 | 0.100 | | |
| 4 | | | | 7.5 | | 2.2 | 0.086 | | |
| 5 | | | | 7.5 | | 2.2 | 0.115 | | |
| 6 | | | | 7.6 | | 2.2 | 0.051 | | |
| 7 | | | | 7.9 | | 2.2 | 0.086 | | |
| 8 | | | | | | | 0.094 | | |
| 9 | | | | 7.8 | | 2.2 | 0.080 | | |
| 10 | | | | 7.9 | | 2.2 | 0.088 | | |
| 11 | | | | 7.6 | | 2.2 | 0.091 | | |
| 12 | 3.1 | 1U | 1.4U | 7.7 | 1.4 | 2.2 | 0.119 | 270 | 200 |
| 13 | | | | 7.5 | | 2.2 | 0.062 | | |
| 14 | | | | 7.8 | | 2.2 | 0.097 | | |
| 15 | | | | | | | 0.080 | | |
| 16 | | | | 7.8 | | 2.2 | 0.097 | | |
| 17 | | | | 7.5 | | 2.2 | 0.089 | | |
| 18 | | | | 7.8 | | 2.2 | 0.079 | | |
| 19 | | | | 7.8 | | 2.2 | 0.117 | | |
| 20 | | | | 7.4 | | 2.2 | 0.075 | | |
| 21 | | | | 7.3 | | 2.2 | 0.080 | | |
| 22 | | | | 7.4 | | 2.2 | 0.100 | | |
| 23 | | | | 7.4 | | 2.2 | 0.085 | | |
| 24 | | | | 7.4 | | 2.2 | 0.093 | | |
| 25 | | | | 7.3 | | 2.2 | 0.096 | | |
| 26 | 8.3 | 1U | 6 | 7.7 | 27 | 2.2 | 0.083 | 220 | 140 |
| 27 | | | | 7.4 | | 2.2 | 0.084 | | |
| 28 | | | | 7.4 | | 2.2 | 0.137 | | |
| 29 | | | | | | | 0.137 | | |
| 30 | | | | 7.4 | | 2.2 | 0.092 | | |
| 31 | | | | 7.4 | | 2.2 | 0.081 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: A Certification No.: 9184 William Trendel
 Lead Operator Certification No.:

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida Inc.
 MAILING ADDRESS: 140 Hope St.
 Longwood, FL 32750

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 02/01/2006 To: 02/28/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.096 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.090 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 6 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 3.6 | 3.6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 8 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 2.5 | 2.7 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Facilities Operator | | 407-509-8398 | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: **Chuluota WWTF**

PermitNumber: **FLA011075**

Discharge Point Number: **R-001**

County: **Seminole**

Monitoring Period From: **2/1/06**

To: **2/28/06**

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 8 | | 2.2 | 0.074 | | |
| 2 | | | | 8 | | 2.2 | 0.097 | | |
| 3 | | | | 7 | | 2.2 | 0.095 | | |
| 4 | | | | 7 | | 2.2 | 0.090 | | |
| 5 | | | | | | | 0.090 | | |
| 6 | | | | 8 | | 2.2 | 0.090 | | |
| 7 | | | | 8 | | 2.2 | 0.089 | | |
| 8 | | | | 8 | | 2.2 | 0.075 | | |
| 9 | 3.6 | 1U | 19 | 8 | 2.2 | 2.2 | 0.086 | 160 | 220 |
| 10 | | | | 8 | | 2.2 | 0.096 | | |
| 11 | | | | 8 | | 2.2 | 0.085 | | |
| 12 | | | | | | | 0.093 | | |
| 13 | | | | 7 | | 2.2 | 0.076 | | |
| 14 | | | | 7 | | 2.2 | 0.081 | | |
| 15 | | | | 7 | | 2.2 | 0.082 | | |
| 16 | | | | 8 | | 2.2 | 0.088 | | |
| 17 | | | | 8 | | 2.2 | 0.089 | | |
| 18 | | | | 7 | | 2.2 | 0.000 | | |
| 19 | | | | 7 | | 2.2 | 0.163 | | |
| 20 | | | | 7 | | 2.2 | 0.088 | | |
| 21 | | | | 7 | | 2.2 | 0.097 | | |
| 22 | | | | 7 | | 2.2 | 0.084 | | |
| 23 | 3.5 | 2 | 6 | 7 | 2.7 | 2.2 | 0.089 | 220 | 230 |
| 24 | | | | 7 | | 2.2 | 0.013 | | |
| 25 | | | | 7 | | 2.2 | 0.077 | | |
| 26 | | | | | | | 0.077 | | |
| 27 | | | | 7 | | 2.2 | 0.081 | | |
| 28 | | | | 7 | | 2.2 | 0.146 | | |
| 29 | | | | | | | 0.000 | | |
| 30 | | | | | | | 0.000 | | |
| 31 | | | | | | | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood FL, 32750

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 03/01/2006 To: 03/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.096 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.088 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 5.3 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.9 | 5.1 | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 6.5 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1< | 1< | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|--|--|----------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Operator | <i>William Trendel</i> | 1-407-339-5424 | 06/04/06 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): | | | |

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 3/1/06

To: 3/31/06

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.3 | | 2.2 | 0.090 | | |
| 2 | | | | 7.4 | | 2.2 | 0.090 | | |
| 3 | | | | 7.7 | | 2.2 | 0.090 | | |
| 4 | | | | 7.7 | | 2.2 | 0.090 | | |
| 5 | | | | | | | 0.090 | | |
| 6 | | | | 7.6 | | 2.2 | 0.093 | | |
| 7 | | | | 7.4 | | 2.2 | 0.084 | | |
| 8 | | | | 7.3 | | 2.2 | 0.080 | | |
| 9 | 5.1 | 1U | 1 | 7.5 | 1U | 2.2 | 0.089 | 220 | 140 |
| 10 | | | | 7.3 | | 2.2 | 0.098 | | |
| 11 | | | | 7.4 | | 2.2 | 0.090 | | |
| 12 | | | | | | | 0.090 | | |
| 13 | | | | 7.4 | | 2.2 | 0.083 | | |
| 14 | | | | 7.4 | | 2.2 | 0.086 | | |
| 15 | | | | 7.6 | | 2.2 | 0.068 | | |
| 16 | | | | 7.5 | | 2.2 | 0.073 | | |
| 17 | | | | 7.6 | | 2.2 | 0.080 | | |
| 18 | | | | 7.4 | | 2.2 | 0.090 | | |
| 19 | | | | | | | 0.090 | | |
| 20 | | | | 7.4 | | 2.2 | 0.094 | | |
| 21 | | | | 7.4 | | 2.2 | 0.096 | | |
| 22 | | | | 7.6 | | 2.2 | 0.088 | | |
| 23 | 4.6 | 1U | 0.92U | 7.6 | 1U | 2.2 | 0.096 | 160 | 140 |
| 24 | | | | 7.3 | | 2.2 | 0.090 | | |
| 25 | | | | 7.4 | | 2.2 | 0.086 | | |
| 26 | | | | | | | 0.086 | | |
| 27 | | | | 7.4 | | 2.2 | 0.081 | | |
| 28 | | | | 7.4 | | 2.2 | 0.090 | | |
| 29 | | | | 7.4 | | 2.2 | 0.079 | | |
| 30 | | | | 7.6 | | 2.2 | 0.091 | | |
| 31 | | | | 7.5 | | 2.2 | 0.090 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: A Certification No.: 9184 William Trendel
 Lead Operator Certification No.:

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida Inc.
 MAILING ADDRESS: 140 Hope St.
 Longwood, FL 32750

PERMIT NUMBER: FLA011076

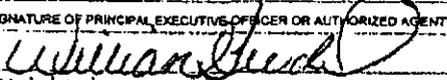
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 04/01/2006 To: 04/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.097 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.095 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 5 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.5 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 3.5 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Facilities Operator |  | 407-509-8398 | 06/05/11 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 4/1/06

To: 4/30/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 8 | | 2.2 | 0.096 | | |
| 2 | | | | | | | 0.096 | | |
| 3 | | | | 7 | | 2.2 | 0.088 | | |
| 4 | | | | 8 | | 2.2 | 0.088 | | |
| 5 | | | | 7 | | 2.2 | 0.080 | | |
| 6 | 2.9 | 1U | 0 | 7 | 5.9 | 2.2 | 0.086 | 400 | 290 |
| 7 | | | | 7 | | 2.2 | 0.091 | | |
| 8 | | | | 7 | | 2.2 | 0.098 | | |
| 9 | | | | 7 | | 2.2 | 0.100 | | |
| 10 | | | | 7 | | 2.2 | 0.092 | | |
| 11 | | | | 7 | | 2.2 | 0.086 | | |
| 12 | | | | 7 | | 2.2 | 0.086 | | |
| 13 | | | | 7 | | 2.2 | 0.117 | | |
| 14 | | | | 7 | | 2.2 | 0.073 | | |
| 15 | | | | 7 | | 2.2 | 0.092 | | |
| 16 | | | | | | | 0.092 | | |
| 17 | | | | 7 | | 2.2 | 0.093 | | |
| 18 | | | | 7 | | 2.2 | 0.097 | | |
| 19 | | | | 7 | | 2.2 | 0.084 | | |
| 20 | 2 | 1U | 4 | 7 | 1U | 2.2 | 0.095 | 310 | 280 |
| 21 | | | | 7 | | 2.2 | 0.114 | | |
| 22 | | | | 7 | | 2.2 | 0.083 | | |
| 23 | | | | | | | 0.100 | | |
| 24 | | | | 7 | | 2.2 | 0.093 | | |
| 25 | | | | 7 | | 2.2 | 0.086 | | |
| 26 | | | | 7 | | 2.2 | 0.084 | | |
| 27 | | | | 7 | | 2.2 | 0.099 | | |
| 28 | | | | 7 | | 2.2 | 0.078 | | |
| 29 | | | | 8 | | 2.2 | 0.094 | | |
| 30 | | | | | | | 0.094 | | |
| 31 | | | | | | | 0.000 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood FL 32750

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 05/01/2006 To: 05/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.098 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon. Site No. FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.089 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.7 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.7 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 5.4 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|----------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Operator | <i>William Trendel</i> | 1-407-339-5424 | 06/06/12 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 5/1/06 To: 5/31/06

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.3 | | 2.2 | 0.085 | | |
| 2 | | | | 7.5 | | 2.2 | 0.087 | | |
| 3 | | | | 7.3 | | 2.2 | 0.082 | | |
| 4 | 2.8 | 1< | 11 | 7.3 | 5.5 | 2.2 | 0.083 | 230 | 330 |
| 5 | | | | 7.3 | | 2.2 | 0.096 | | |
| 6 | | | | 7.3 | | 2.2 | 0.076 | | |
| 7 | | | | | | | 0.104 | | |
| 8 | | | | 7.3 | | 2.2 | 0.087 | | |
| 9 | | | | 7.3 | | 2.2 | 0.096 | | |
| 10 | | | | 7.5 | | 2.2 | 0.094 | | |
| 11 | | | | 7.5 | | 2.2 | 0.113 | | |
| 12 | | | | 7.2 | | 2.2 | 0.060 | | |
| 13 | | | | 7.4 | | 2.2 | 0.069 | | |
| 14 | | | | | | | 0.069 | | |
| 15 | | | | 7.6 | | 2.2 | 0.091 | | |
| 16 | | | | 7.4 | | 2.2 | 0.096 | | |
| 17 | | | | 7.3 | | 2.2 | 0.077 | | |
| 18 | 2.5 | 1< | 8 | 7.5 | 1< | 2.2 | 0.071 | 110 | 120 |
| 19 | | | | 7.5 | | 2.2 | 0.094 | | |
| 20 | | | | 7.5 | | 2.2 | 0.093 | | |
| 21 | | | | | | | 0.093 | | |
| 22 | | | | 7.6 | | 2.2 | 0.092 | | |
| 23 | | | | 7.5 | | 2.2 | 0.077 | | |
| 24 | | | | 7.6 | | 2.2 | 0.086 | | |
| 25 | | | | 7.5 | | 2.2 | 0.092 | | |
| 26 | | | | 7.6 | | 2.2 | 0.116 | | |
| 27 | | | | 7.3 | | 2.2 | 0.085 | | |
| 28 | | | | | | | 0.085 | | |
| 29 | | | | 7.4 | | 2.2 | 0.093 | | |
| 30 | | | | 7.3 | | 2.2 | 0.091 | | |
| 31 | | | | 7.3 | | 2.2 | 0.081 | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |
| Lead Operator | | Certification No.: <u> </u> | <u> </u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 McGuire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida Inc.
 MAILING ADDRESS: 140 Hope St.
 Longwood, FL 32750

PERMIT NUMBER: FLA011076

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, Including Influent
 NO DISCHARGE FROM SITE: []

MONITORING PERIOD From: 06/01/2006 To: 06/30/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|----------------------|-------|-------------------------------------|-------|------------|-----------------------|--------------------------|
| Flow, Total Through Plant PARM Code 50050 Y Mon. Site No. FLW-1 | 0.097 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant PARM Code 50050 1 Mon. Site No. FLW-1 | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant PARM Code 50050 1 Mon. Site No. FLW-1 | 0.089 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 Y Mon. Site No. EFA-1 | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 1 Mon. Site No. EFA-1 | | | 5 20.0 (An. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C PARM Code 80082 1 Mon. Site No. EFA-1 | | | 3.1 3.9 Report (Mo. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1 | | | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA-1 | | | 5 20.0 (An. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA-1 | | | 5.5 12.0 Report (Mo. Avg.) | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA-1 | | | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel/Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel

TELEPHONE NO.

407-509-8398

DATE (YY/MM/DD)

06/07/19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type | |
|--|---------------------|-------|--------------------------|--------------|------------|-----------------------|-----------------|------------|
| pH | Sample Measurement | | 7.1 | 7.8 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code 00400 1 Mon.Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |
| Colliform, Fecal | Sample Measurement | | 1 | | #/100mL | 0 | Every Two Weeks | Grab |
| PARM Code 74055 Y Mon.Site No. EFA-1 | Permit Measurement | | 200 (An.Avg.) | | #/100mL | | Every Two Weeks | Grab |
| Colliform, Fecal | Sample Measurement | | 1 | 1 | #/100mL | 0 | Every Two Weeks | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-1 | Permit Measurement | | Report (MoGeoMean) | 800 (Max) | #/100mL | | Every Two Weeks | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 2.2 | | mg/L | 0 | 5 Days/Week | Grab |
| PARM Code 50060 A Mon.Site No. EFA-1 | Permit Measurement | | 0.5 (Min) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | 1.5 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00620 1 Mon.Site No. EFA-1 | Permit Measurement | | 12 (Max) | | mg/L | | Every Two Weeks | 8-hour FPC |
| CBOD5 | Sample Measurement | | 223 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| TSS | Sample Measurement | | 167 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 91.0% | | PERCENT | 0 | Monthly | Calculated |
| | Permit Measurement | | Report (Mo.Total) | | PERCENT | | Monthly | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period From: 6/1/06

Permit Number: FLA011076

Discharge Point Number: R-001

To: 6/30/06

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------------|-----------------|--|---|----------------|----------------|-----------------------------------|-----------------|-----------------|---------------|
| 80082 EFA-1 | 74055 EFA-1 | 00620 EFA-1 | 00400 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-01 | 80082 INF-01 | 00530 INF-01 | |
| 1 | 3.1 | 1U | 1.4U | 7.3 | 2.3 | 2.2 | 0.091 | 210 | 190 |
| 2 | | | | 7.4 | | 2.2 | 0.088 | | |
| 3 | | | | 7.4 | | 2.2 | 0.083 | | |
| 4 | | | | | | | 0.088 | | |
| 5 | | | | 7.4 | | 2.2 | 0.086 | | |
| 6 | | | 0 | 7.4 | | 2.2 | 0.087 | | |
| 7 | | | | 7.2 | | 2.2 | 0.083 | | |
| 8 | | | | 7.2 | | 2.2 | 0.076 | | |
| 9 | | | | 7.1 | | 2.2 | 0.076 | | |
| 10 | | | | 7.1 | | 2.2 | 0.090 | | |
| 11 | | | | | | | 0.090 | | |
| 12 | | | | 7.1 | | 2.2 | 0.099 | | |
| 13 | | | | 7.1 | | 2.2 | 0.105 | | |
| 14 | | | | 7.2 | | 2.2 | 0.085 | | |
| 15 | 2.2 | 1U | 1 | 7.2 | 2.2 | 2.2 | 0.085 | 230 | 150 |
| 16 | | | | 7.1 | | 2.2 | 0.090 | | |
| 17 | | | | 7.1 | | 2.2 | 0.086 | | |
| 18 | | | | 7.2 | | 2.2 | 0.086 | | |
| 19 | | | | 7.1 | | 2.2 | 0.086 | | |
| 20 | | | | 7.2 | | 2.2 | 0.089 | | |
| 21 | | | | 7.2 | | 2.2 | 0.092 | | |
| 22 | | | | 7.7 | | 2.2 | 0.070 | | |
| 23 | | | | 7.6 | | 2.2 | 0.086 | | |
| 24 | | | | 7.8 | | 2.2 | 0.103 | | |
| 25 | | | | | | | 0.103 | | |
| 26 | | | | 7.6 | | 2.2 | 0.090 | | |
| 27 | | | | 7.6 | | 2.2 | 0.092 | | |
| 28 | | | | 7.6 | | 2.2 | 0.083 | | |
| 29 | 3.9 | 1U | 1.5U | 7.8 | 12 | 2.2 | 0.094 | 230 | 160 |
| 30 | | | | 7.6 | | 2.2 | 0.091 | | |
| 31 | | | | | | | | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 07/01/2006 To: 07/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---------------------|-------------|---------------------|-------|--------------------------|-------|-------|------------|-----------------------|--------------------------|
| Flow, | Sample | 0.096 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| Total Through Plant | Measurement | | | | | | | | |
| PARM Code 50050 Y | Permit | 0.1 | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | Measurement | (An.Avg.) | | | | | | | |
| Flow, | Sample | 0.094 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| Total Through Plant | Measurement | | | | | | | | |
| PARM Code 50050 1 | Permit | Report | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | Measurement | (Mo.Avg.) | | | | | | | |
| BOD, Carbonaceous 5 | Sample | | | 4.6 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| day, 20°C | Measurement | | | | | | | | |
| PARM Code 80082 Y | Permit | | | 20.0 | | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (An. Avg.) | | | | | |
| BOD, Carbonaceous 6 | Sample | | | 4.4 | 6.7 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| day, 20°C | Measurement | | | | | | | | |
| PARM Code 80082 1 | Permit | | | Report | 60.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (Mo.Avg.) | (Max) | | | | |
| Solids, | Sample | | | 5.2 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Total Suspended | Measurement | | | | | | | | |
| PARM Code 00530 Y | Permit | | | 20.0 | | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (An. Avg.) | | | | | |
| Solids, | Sample | | | 7.3 | 10.0 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Total Suspended | Measurement | | | | | | | | |
| PARM Code 00530 1 | Permit | | | Report | 60.0 | mg/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Measurement | | | (Mo.Avg.) | (Max) | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

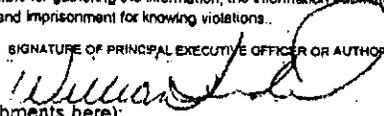
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YYMMDD)

William Trendel/ Senior Facilities Oper.



407-338-5424

06/08/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

| Parameter | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|--------------|---------|------------|-----------------------|-------------|
| | | | | | | | | |
| pH | Sample Measurement | | | | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code 00400 1 Mon.Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | 1.1 | | #/100mL | 0 | Every Two Weeks | Grab |
| PARM Code 74055 Y Mon.Site No. EFA-1 | Permit Measurement | | 200 (An.Avg.) | | #/100mL | | Every Two Weeks | Grab |
| Coliform, Fecal | Sample Measurement | | 1U | 1U | #/100mL | 0 | Every Two Weeks | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-1 | Permit Measurement | | Report (MoGeoMean) | 800 (Max) | #/100mL | | Every Two Weeks | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 2.2 | | mg/L | 0 | 5 Days/Week | Grab |
| PARM Code 50060 A Mon.Site No. EFA-1 | Permit Measurement | | 0.5 (Min) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | 5.2 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00620 1 Mon.Site No. EFA-1 | Permit Measurement | | 12 (Max) | | mg/L | | Every Two Weeks | 8-hour FPC |
| CBOD ₅ | Sample Measurement | | 190.0 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| TSS | Sample Measurement | | 225.0 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 90.8% | | PERCENT | 0 | Monthly | Calculated |
| | Permit Measurement | | Report (Mo.Total) | | PERCENT | | Monthly | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period

From: 7/1/06

To: 7/31/06

| Code Mon. Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|----------------|--------------|-----------------------------------|--|-------------|-------------|-----------------------------|--------------|--------------|------------|
| 80082 EFA-1 | 74055 EFA-1 | 00620 EFA-1 | 00400 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-01 | 80082 INF-01 | 00530 INF-01 | |
| 1 | | | | | | 2.2 | 0.088 | | |
| 2 | | | | | | | 0.088 | | |
| 3 | | | | | | 2.2 | 0.090 | | |
| 4 | | | | | | 2.2 | 0.093 | | |
| 5 | | | | | | 2.2 | 0.084 | | |
| 6 | | | | | | 2.2 | 0.084 | | |
| 7 | | | | | | 2.2 | 0.091 | | |
| 8 | | | | | | 2.2 | 0.104 | | |
| 9 | | | | | | | 0.104 | | |
| 10 | | | | | | 2.2 | 0.098 | | |
| 11 | | | | | | 2.2 | 0.098 | | |
| 12 | | | | | | 2.2 | 0.104 | | |
| 13 | 6.7 | 1< | 5 | | 10 | 2.2 | 0.090 | 160 220 | |
| 14 | | | | | | 2.2 | 0.093 | | |
| 15 | | | | | | 2.2 | 0.091 | | |
| 16 | | | | | | | 0.091 | | |
| 17 | | | | | | 2.2 | 0.094 | | |
| 18 | | | | | | 2.2 | 0.080 | | |
| 19 | | | | | | 2.2 | 0.111 | | |
| 20 | | | | | | 2.2 | 0.065 | | |
| 21 | | | | | | 2.2 | 0.090 | | |
| 22 | | | | | | 2.2 | 0.104 | | |
| 23 | | | | | | | 0.104 | | |
| 24 | | | | | | 2.2 | 0.115 | | |
| 25 | | | | | | 2.2 | 0.090 | | |
| 26 | | | | | | 2.2 | 0.089 | | |
| 27 | 2< | 1< | 0 | | 4.6 | 2.2 | 0.099 | 220 230 | |
| 28 | | | | | | 2.2 | 0.098 | | |
| 29 | | | | | | 2.2 | 0.099 | | |
| 30 | | | | | | | 0.099 | | |
| 31 | | | | | | 2.2 | 0.097 | | |

PLANT STAFFING:

| | | | |
|--------------------|--------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | A | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 08/01/2006 To: 08/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---------------------------------------|--------------------|----------------------|-------|--------------------------|---------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.096 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 80050 Mon Site No. FLW-1 | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.099 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 80050 Mon Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.5 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Mon Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.4 | 5.7 | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Mon Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 5.6 | | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Mon Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 6.7 | 8.2 | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Mon Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/ Senior Facilities Oper. | <i>William Trendel</i> | 407-339-5424 | 06/09/11 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Monitoring Period From: 8/1/06

To: 8/31/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | | | | 0.092 | | |
| 2 | | | | | | 2.2 | 0.093 | | |
| 3 | | | | | | 2.2 | 0.089 | | |
| 4 | | | | | | 2.2 | 0.089 | | |
| 5 | | | | | | 2.2 | 0.098 | | |
| 6 | | | | | | | 0.098 | | |
| 7 | | | | | | 2.2 | 0.098 | | |
| 8 | | | | | | 2.2 | 0.088 | | |
| 9 | | | | | | 2.2 | 0.083 | | |
| 10 | 3 | 1< | 1 | | 8.2 | 2.2 | 0.088 | 1 | |
| 11 | | | | | | 2.2 | 0.081 | | |
| 12 | | | | | | 2.2 | 0.100 | | |
| 13 | | | | | | | 0.100 | 160 | 220 |
| 14 | | | | | | 2.2 | 0.099 | | |
| 15 | | | | | | 2.2 | 0.097 | | |
| 16 | | | | | | 2.2 | 0.093 | | |
| 17 | | | | | | 2.2 | 0.128 | | |
| 18 | | | | | | 2.2 | 0.063 | | |
| 19 | | | | | | 2.2 | 0.116 | | |
| 20 | | | | | | | 0.116 | | |
| 21 | | | | | | 2.2 | 0.114 | | |
| 22 | | | | | | 2.2 | 0.101 | | |
| 23 | | | | | | 2.2 | 0.100 | | |
| 24 | 5.7 | 1< | 12 | | 5.1 | 2.2 | 0.104 | 12 | |
| 25 | | | | | | 2.2 | 0.104 | | |
| 26 | | | | | | 2.2 | 0.104 | | |
| 27 | | | 0 | | | | 0.104 | 220 | 230 |
| 28 | | | | | | 2.2 | 0.085 | | |
| 29 | | | | | | 2.2 | 0.106 | | |
| 30 | | | | | | 2.2 | 0.122 | | |
| 31 | | | | | | 2.2 | 0.117 | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | A | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

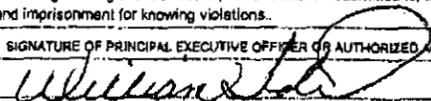
LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 09/01/2008 To: 09/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.092 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.082 | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.6 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.8 | 2.8 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 5.5 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1U | 1U | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/ Senior Facilities Oper. |  | 407-339-5424 | 06/10/10 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole
 Monitoring Period

Permit Number: FLA011076

Discharge Point Number: R-001

From: 9/1/06 To: 9/30/06

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7 | | 2.2 | 0.046 | | |
| 2 | | | | 7 | | 2.2 | 0.081 | | |
| 3 | | | | | | | 0.153 | | |
| 4 | | | | 8 | | 2.2 | 0.107 | | |
| 5 | | | | 8 | | 2.2 | 0.073 | | |
| 6 | | | | 8 | | 2.2 | 0.064 | | |
| 7 | 2.4 | 1< | 3 | 8 | 1< | 2.2 | 0.098 | 160 | 200 |
| 8 | | | | 7 | | 1.9 | 0.056 | | |
| 9 | | | | 8 | | 2.2 | 0.105 | | |
| 10 | | | | | | | 0.092 | | |
| 11 | | | | 8 | | 2.2 | 0.076 | | |
| 12 | | | | 7 | | 2.2 | 0.091 | | |
| 13 | | | | 8 | | 2.2 | 0.079 | | |
| 14 | | | | 7 | | 2.2 | 0.082 | | |
| 15 | | | | 8 | | 2.2 | 0.045 | | |
| 16 | | | | 8 | | 2.2 | 0.076 | | |
| 17 | | | | | | | 0.102 | | |
| 18 | | | | 7 | | 2.2 | 0.049 | | |
| 19 | | | | 8 | | 2.2 | 0.069 | | |
| 20 | | | | 8 | | 2.2 | 0.069 | | |
| 21 | 2.8 | 1< | 6 | 7 | 1< | 2.2 | 0.068 | 370 | 400 |
| 22 | | | | 8 | | 2.2 | 0.093 | | |
| 23 | | | | 8 | | 2.2 | 0.075 | | |
| 24 | | | | | | | 0.075 | | |
| 25 | | | | 8 | | 2.2 | 0.081 | | |
| 26 | | | | 8 | | 2.2 | 0.161 | | |
| 27 | | | | 8 | | 2.2 | 0.074 | | |
| 28 | | | | 8 | | 2.2 | 0.071 | | |
| 29 | | | | 8 | | 2.2 | 0.089 | | |
| 30 | | | | 7 | | 2.1 | 0.070 | | |
| 31 | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed, mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 10/01/2006 To: 10/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|-------------------------------|--------------------|---------------------|-------|--------------------------|------------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.091 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y | Permit Measurement | 0.1 (An. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Mon.Site No. FLW-1 | Sample Measurement | 0.098 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Permit Measurement | Report (Mo. Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 | Sample Measurement | | | 4.4 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| Mon.Site No. FLW-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2< | 2< | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Sample Measurement | | | 6.3 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 | Sample Measurement | | | 3.4 | 5.8 | 0 | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo. Avg.) | 60.0 (Max) | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | | |
| PARM Code 00530 Y | Permit Measurement | | | | | | | |
| Mon.Sits No. EFA-1 | Sample Measurement | | | | | | | |
| Solids, Total Suspended | Permit Measurement | | | | | | | |
| PARM Code 00530 1 | Sample Measurement | | | | | | | |
| Mon.Site No. EFA-1 | Permit Measurement | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/ Senior Facilities Oper. | <i>William Trendel</i> | 407-339-5424 | 06/11/08 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Chuluota WWTF
 County: Seminole

Permit Number: FLA011076

Discharge Point Number: R-001

Monitoring Period From: 10/1/06 To: 10/31/06

| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
|-----------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7 | | | 0.099 | | |
| 2 | | | | 8 | | 2.2 | 0.091 | | |
| 3 | | | | 8 | | 2.2 | 0.091 | | |
| 4 | | | | 8 | | 2.2 | 0.089 | | |
| 5 | 2 | 1< | 7 | 8 | 5.8 | 2.2 | 0.081 | 110 | 170 |
| 6 | | | | 8 | | 2.2 | 0.060 | | |
| 7 | | | | 8 | | 2.2 | 0.096 | | |
| 8 | | | | | | | 0.112 | | |
| 9 | | | | 7 | | 2.2 | 0.128 | | |
| 10 | | | | 8 | | 1.2 | 0.075 | | |
| 11 | | | | 7 | | 1 | 0.100 | | |
| 12 | | | | 7 | | 1 | 0.139 | | |
| 13 | | | | 7 | | 0.9 | 0.060 | | |
| 14 | | | | 7 | | 1.2 | 0.098 | | |
| 15 | | | | 7 | | 1 | 0.113 | | |
| 16 | | | | 7 | | 1 | 0.099 | | |
| 17 | | | | 8 | | 1.1 | 0.096 | | |
| 18 | | | | 8 | | 2.2 | 0.109 | | |
| 19 | 2< | 1< | 3 | 8 | 1< | 2.2 | 0.124 | 940 | 470 |
| 20 | | | | 8 | | 2.2 | 0.068 | | |
| 21 | | | | 8 | | 2.2 | 0.094 | | |
| 22 | | | | | | | 0.109 | | |
| 23 | | | | 7 | | 2.2 | 0.101 | | |
| 24 | | | | 7 | | 2.2 | 0.090 | | |
| 25 | | | | 7 | | 0.8 | 0.096 | | |
| 26 | | | | 7 | | 2.2 | 0.094 | | |
| 27 | | | | 7 | | 2.2 | 0.097 | | |
| 28 | | | | 7 | | 2.2 | 0.142 | | |
| 29 | | | | | | | 0.106 | | |
| 30 | | | | 7 | | 2.2 | 0.096 | | |
| 31 | | | | 7 | | 2.2 | 0.097 | | |

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 11/01/2006 To: 11/30/2006

| Parameter | Sample Measurement | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|-----------------------------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.090 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.089 | mgd | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 4.4 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | 2.3< 2.8 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 5.2 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | 1.2 1.6 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | Report (Mo.Avg.) 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/ Senior Facilities Oper. | <i>William Trendel</i> | 407-339-5424 | 06/12/12 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

City Name: Chuluota WWTF

Permit Number: FLA011076

Discharge Point Number: R-001

County: Seminole

Reporting Period From: 11/1/06

To: 11/30/06

| Sample No. | Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For-Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------|-------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| 1 | EFA-1 | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| 2 | EFA-1 | 2< | 1< | 5.8 | 7.0 | 1.6 | 2.2 | 0.074 | 230 | 150 |
| 3 | | | | | 7.3 | | 2.2 | 0.067 | | |
| 4 | | | | | 7.3 | | 2.2 | 0.066 | | |
| 5 | | | | | | | | 0.079 | | |
| 6 | | | | | 6.7 | | 1.6 | 0.068 | | |
| 7 | | | | | 7.0 | | 1 | 0.068 | | |
| 8 | | | | | 7.0 | | 2.2 | 0.103 | | |
| 9 | | | | | 7.2 | | 2.2 | 0.041 | | |
| 10 | | | | | 7.8 | | 2.2 | 0.079 | | |
| 11 | | | | | 7.9 | | 2.2 | 0.077 | | |
| 12 | | | | | | | | 0.124 | | |
| 13 | | | | | 7.9 | | 2.2 | 0.068 | | |
| 14 | | | | | 6.7 | | 2.2 | 0.064 | | |
| 15 | | | | | 7.7 | | 2.2 | 0.069 | | |
| 16 | EFA-1 | 2< | 1< | 6.1 | 7.6 | 1< | 2.2 | 0.072 | 67 | 50 |
| 17 | | | | | 7.7 | | 2.2 | 0.078 | | |
| 18 | | | | | 7.6 | | 2.2 | 0.060 | | |
| 19 | | | | | | | | 0.083 | | |
| 20 | | | | | 7.9 | | 2.2 | 0.086 | | |
| 21 | | | | | 8.0 | | 1.9 | 0.125 | | |
| 22 | | | | | 6.9 | | 1.4 | 0.119 | | |
| 23 | | | | | 6.9 | | 2.2 | 0.088 | | |
| 24 | | | | | 7.4 | | 2.2 | 0.097 | | |
| 25 | | | | | 7.5 | | 2.2 | 0.104 | | |
| 26 | | | | | | | | 0.114 | | |
| 27 | | | | | 6.9 | | 2.2 | 0.102 | | |
| 28 | | | | | 7.0 | | 1.5 | 0.103 | | |
| 29 | | | | | 7.0 | | 2.2 | 0.135 | | |
| 30 | EFA-1 | 2.8 | 1< | 10.0 | 7.0 | 1< | 2.2 | 0.115 | 190 | 300 |
| 31 | | | | | | | | | | |

JT STAFFING:

Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Shift Operator Class: C Certification No.: 9558 Charles Harris
 Shift Operator Class: Certification No.:
 Shift Operator Class: Certification No.:
 Operator A Certification No.: 9184 William Trendel

of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011076

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including influent
 NO DISCHARGE FROM SITE: []

FACILITY: Chuluota WWTF
 LOCATION: 125 East 10th Street
 Chuluota, FL 32766
 COUNTY: Seminole

MONITORING PERIOD From: 12/01/2006 To: 12/31/2006

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|--|-------|--------------------------|---------------|-------|------------|-----------------------|-----------------------|
| Flow, Total Through Plant | Sample Measurement | 0.091 | | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 Y Mon.Site No. FLW-1 | Permit Measurement | 0.1 (An.Avg.) | | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| Flow, Total Through Plant | Sample Measurement | 0.107 | | mgd | | | | 0 | Continuous | Flow-meter/ Totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | | mgd | | | | | Continuous | Flow-meter/ Totalizer |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | | 3.8 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| BOD, Carbonaceous 5 day, 20°C | Sample Measurement | | | | 2.0< | 2.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1 Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 4.7 | | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 Y Mon.Site No. EFA-1 | Permit Measurement | | | | 20.0 (An. Avg.) | | mg/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 1.0< | 1.0< | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 00530 1 Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Mo.Avg.) | 60.0 (Max) | mg/L | | Every Two Weeks | 8-hour FPC |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|--|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Fac. Operator | <i>William Trendel</i> | 407-339-5424 | 07/01/18 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): | | | |

DAILY SAMPLE RESULTS - PART B

Facility Name: **Chuluota WWTF**

Permit Number: **FLA011076**

Discharge Point Number: **R-001**

County: **Seminole**

Monitoring Period From: **12/1/06**

To: **12/31/06**

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | Nitrogen, Nitrate, Total (as N) (mg/L) | pH (S.U.) | TSS (mg/L) | TRC (For Disinfect.) (mg/L) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|--|-----------|------------|-----------------------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00620 | 00400 | 00530 | 50060 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-01 | INF-01 | INF-01 |
| 1 | | | | 7.6 | | 2.2 | 0.099 | | |
| 2 | | | | 7.4 | | 1.2 | 0.112 | | |
| 3 | | | | | | | 0.115 | | |
| 4 | | | | 7.0 | | 0.5 | 0.110 | | |
| 5 | | | | 7.0 | | 0.5 | 0.092 | | |
| 6 | | | | 7.0 | | 1.8 | 0.100 | | |
| 7 | | | | 6.9 | | 2.2 | 0.105 | | |
| 8 | | | | 7.1 | | 2.2 | 0.114 | | |
| 9 | | | | 7.8 | | 2.2 | 0.098 | | |
| 10 | | | | | | | 0.111 | | |
| 11 | | | | 6.9 | | 2.1 | 0.103 | | |
| 12 | | | | 7.0 | | 2.2 | 0.091 | | |
| 13 | | | | 7.0 | | 2.2 | 0.087 | | |
| 14 | 2.0< | 1.0< | 4.8 | 7.0 | 1.0< | 1.9 | 0.111 | 300 | 380 |
| 15 | | | | 7.6 | | 2.2 | 0.105 | | |
| 16 | | | | 7.6 | | 2.2 | 0.098 | | |
| 17 | | | | | | | 0.101 | | |
| 18 | | | | 7.0 | | 2.2 | 0.099 | | |
| 19 | | | | 7.0 | | 2.2 | 0.113 | | |
| 20 | | | | 7.0 | | 2.2 | 0.119 | | |
| 21 | | | | 7.5 | | 2.2 | 0.120 | | |
| 22 | | | | 7.5 | | 2.2 | 0.112 | | |
| 23 | | | | 7.4 | | 2.2 | 0.112 | | |
| 24 | | | | | | | 0.122 | | |
| 25 | | | | 7.5 | | 2.2 | 0.116 | | |
| 26 | | | | 7.5 | | 2.2 | 0.112 | | |
| 27 | | | | 7.0 | | 2.2 | 0.110 | | |
| 28 | 2.0< | 1.0< | 8.3 | 7.0 | 1.0< | 2.2 | 0.110 | 230 | 190 |
| 29 | | | | 7.8 | | 2.2 | 0.107 | | |
| 30 | | | | 7.5 | | 2.2 | 0.113 | | |
| 31 | | | | | | | 0.106 | | |

PLANT STAFFING:

| | | | |
|--------------------|-------------------|---------------------------------|------------------------|
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Alfred Gerardo</u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Florida Water Services, Inc.

PERMIT NUMBER: FLA011076
PA FILE NUMBER: FLA011076-002-DW2P
ISSUANCE DATE: March 17, 2003
EXPIRATION DATE: March 10, 2008

RESPONSIBLE AUTHORITY:

Mr. Craig J. Anderson, P.E.
Vice President, Environmental Services
PO Box 609520
Orlando, FL 32860-9520

(407) 598-4199

FACILITY:

Chuluota WWTF
125 East 10th Street
Chuluota, FL
Seminole County
Latitude: 28° 38' 15" N Longitude: 81° 07' 35" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.1 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, filtration, chlorination, aerobic digestion of residuals and a 0.3 MG wet weather holding pond.

REUSE:

Land Application: An existing 0.1 MGD AADF permitted capacity slow-rate restricted public access system (R-001) R-001 consists of 17.4 acre sprayfield located approximately at latitude 28° 38' 15" N, longitude 81° 7' 35" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of this permit.

DOCUMENT NUMBER-DATE

04332 MAY 22 2003

FPSC-COMMISSION CLERK

FACILITY: Chuluota WWTF
 PERMITTEE: Florida Water Services, Inc.

PERMIT NUMBER: FLA011076
 EXPIRATION DATE: March 10, 2008

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

| Parameter | Units | Max/Min | Reclaimed Water Limitations | | | | Monitoring Requirements | | | |
|--|----------|---------|-----------------------------|-----------------|----------------|---------------|-------------------------|--------------------------------------|---------------------------------|------------------|
| | | | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | Notes |
| Flow, Total Through Plant | MGD | Maximum | 0.1 | - | - | - | 5 Days/Week | Recording flow meters and totalizers | FLW-1 | See Cond. I.A.3. |
| BOD, Carbonaceous 5 day, 20°C | mg/L | Maximum | 20.0 | 30.0 | 45.0 | 60.0 | Every Two Weeks | 8-hour flow proportioned composite | EFA-1 | |
| Solids, Total Suspended | mg/L | Maximum | 20.0 | 30.0 | 45.0 | 60.0 | Every Two Weeks | 8-hour flow proportioned composite | EFA-1 | |
| pH | SU | Range | - | - | - | 6.0 to 8.5 | 5 Days/Week | Grab | EFA-1 | |
| Coliform, Fecal | #/100 ML | Maximum | See Permit Condition I.A.4. | | | | Every Two Weeks | Grab | EFA-1 | |
| Total Residual Chlorine (For Disinfection) | mg/L | Minimum | - | - | - | 0.5 | 5 Days/Week | Grab | EFA-1 | See Cond. I.A.5. |
| Nitrogen, Nitrate, Total (as N) | mg/L | Maximum | - | - | - | 12 | Every Two Weeks | 8-hour flow proportioned composite | EFA-1 | See Cond. I.A.6. |

FACILITY: Chuluota WWTF
PERMITTEE: Florida Water Services, Inc.

PERMIT NUMBER: FLA011076
EXPIRATION DATE: March 10, 2008

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

| Monitoring Location Site Number | Description of Monitoring Location |
|---------------------------------|--|
| EFA-1 | chlorine contact chamber effluent |
| FLW-1 | flow meter on chlorine contact chamber discharge |

3. Recording flow meters and totalizers will be utilized to measure flow and shall be calibrated at least annually. [62-601.200(17) and 500(6)]
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.410 and 62-600.440(4)(c)]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.410 and 62-600.440(4)(b)]
6. Due to elevated concentrations of nitrate nitrogen (NO₃) in the ground water monitoring wells, nitrate nitrogen concentration in the water discharged to the slow rate land application system shall not exceed 12.0 mg/L. Rule 62-601.300(6), F.A.C.

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

| Parameter | Units | Max/Min | Limitations | | | | Monitoring Requirements | | | | Notes |
|--|---------|---------|----------------|-----------------|----------------|---------------|-------------------------|------------------------------------|---------------------------------|------------------|-------|
| | | | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | | |
| BOD, Carbonaceous 5 day, 20°C | mg/L | Maximum | - | Report | - | - | Every Two Weeks | 8-hour flow proportioned composite | INF-1 | See Cond. I.B.3. | |
| Solids, Total Suspended | mg/L | Maximum | - | Report | - | - | Every Two Weeks | 8-hour flow proportioned composite | INF-1 | See Cond. I.B.3. | |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Percent | Maximum | - | Report | - | - | Monthly | Calculated | FLW-1 | | |

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

| Monitoring Location Site Number | Description of Monitoring Location |
|---------------------------------|--|
| FLW-1 | flow meter on chlorine contact chamber discharge |
| INF-1 | Raw influent to aeration tank |

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
5. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
6. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

| REPORT Type | Monitoring Period | Due Date |
|---------------------|--|---|
| Monthly or Toxicity | first day of month - last day of month | 28 th day of following month |
| Quarterly | January 1 - March 31 | April 28 |
| | April 1 - June 30 | July 28 |
| | July 1 - September 30 | October 28 |
| | October 1 - December 31 | January 28 |
| Semiannual | January 1 - June 30 | July 28 |
| | July 1 - December 31 | January 28 |
| Annual | January 1 - December 31 | January 28 |

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 9 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

7. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by July 1 of each year. [62-601.300(4)][62-601.500(3)]

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8. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Central District Office at the address specified below:

Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966
All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelley's Environmental Services or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

| Source Facility | Residuals Management Facility or Treatment Facility |
|--|--|
| 1. Date and Time Shipped | 1. Date and Time Received |
| 2. Amount of Residuals Shipped | 2. Amount of Residuals Received |
| 3. Degree of Treatment (if applicable) | 3. Name and ID Number of Source Facility |
| 4. Name and ID Number of Residuals Management Facility or Treatment Facility | 4. Signature of Hauler |
| 5. Signature of Responsible Party at Source Facility | 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility |
| 6. Signature of Hauler and Name of Hauling Firm | |

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

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- Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Construction Requirements

Section Construction Requirements is not applicable to this facility.

Operational Requirements

- For the Part II land application system(s), all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)][62-522.400 and 62-522.410]
- The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.412]
- The following monitoring wells shall be sampled quarterly. Sampling must be reasonably spaced to be representative of potentially changing conditions.

| Facility MW Name | Permit Builder MW ID | WAFR ID/# | GMS # | Well Type | Depth (Feet) | Aquifer Monitored | New or Existing |
|-------------------|----------------------|-----------|------------|------------|--------------|-------------------|-----------------|
| Sprayfield | | | | | | | |
| MW-1 | MWB-1 | 6982 | 3059A15380 | Background | 20 | Surficial | Existing |
| MW-2 | MWC-2 | 6981 | 3059A15381 | Compliance | 20 | Surficial | Existing |
| MW-3 | MWC-3 | 6980 | 3059A15382 | Compliance | 18 | Surficial | Existing |
| MW-4 | MWC-4 | 6979 | 3059A15383 | Compliance | 20 | Surficial | Existing |
| MW-5 | MWC-5 | 6978 | 3059A15384 | Compliance | 20 | Surficial | Existing |

MWB = Background, MWC = Compliance

[62-522.600][62-610.412]

- The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

| Parameter | Compliance Well Limit | Units | Sample Type | Monitoring Frequency |
|------------------------------------|-----------------------|---------|-------------|----------------------|
| Water Level Relative to Feet, NGVD | Report | FEET | In Situ | Quarterly |
| Nitrogen, Nitrate, Total (as N) | 10 | mg/L | Grab | Quarterly |
| Solids, Total Dissolved (TDS) | 500 | mg/L | Grab | Quarterly |
| Coliform, Fecal | 4 | #/100ML | Grab | Quarterly |
| pH | 6.5-8.5 | SU | Grab | Quarterly |
| Turbidity, Lab - Nephelometric | Report | NTU | Grab | Quarterly |
| Chloride (as Cl) | 250 | mg/L | Grab | Quarterly |

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

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6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (Feet, NGVD) at a precision of plus or minus 0.1 foot. [62-610.412(2)(c)]
8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
9. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Central District, Ground Water Section as being more representative of ground water conditions. [62-520.300(9)]
10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). A completed Certification Page shall accompany each quarter of monitoring data. For reuse or land application projects, the quarterly ground water monitoring results shall be submitted with the DMR as shown in the following schedule. [62-4.070(3)] [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

| SAMPLE PERIOD | REPORT DUE DATE |
|--------------------|-----------------|
| January - March | April 28 |
| April - June | July 28 |
| July - September | October 28 |
| October - December | January 28 |

12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Central District, Ground Water Section within 24 hours of the permittee becoming aware of the situation and shall follow with a written report within seven days that details the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Central District, Ground Water Section. [62-522.600][62-4.070(3)]
13. The Permittee shall provide verbal notice to the Department's Central District, Ground Water Section as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District, Ground Water Section in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part II Slow-Rate/Restricted Access System(s) (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.418(1)]
2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
3. The annual average hydraulic loading rate to the 17.4-acre sprayfield shall be limited to a maximum of 1.5 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. [62-610.423(3) and (4)]
4. The crops or vegetation shall be periodically harvested and removed from the project area. [62-610.310(3)(d) and 62-610.419(1)(b)]
5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. [62-610.425]

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6. Irrigation of edible food crops is prohibited. [62-610.426]
7. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. An updated capacity analysis report shall be submitted to the Department annually by April 1 of each year. The updated capacity analysis report shall be prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

| | Improvement Action | Completion Date |
|---|---|-----------------|
| 1 | Submit Wastewater Facility or Activity Permit Application Form 1, for the planned plant expansion | May 15, 2003 |
| 2 | Submit Wastewater Permit Application Form 2A and the associated review fee of \$3,750.00, for the planned plant expansion | May 15, 2003 |

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX: 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

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7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.418(1)] [and 62-600.400(2)(b)]
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]

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7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.*[62-620.610(9)]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

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16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
- A description of the anticipated noncompliance;
 - The period of the anticipated noncompliance, including dates and times; and
 - Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- The following shall be included as information which must be reported within 24 hours under this condition:

FACILITY: Chuluota WWTF
PERMITTEE: Florida Water Services, Inc.

PERMIT NUMBER: FLA011076
EXPIRATION DATE: March 10, 2008

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

FACILITY: Chuluota WWTF
PERMITTEE: Florida Water Services, Inc.

PERMIT NUMBER: FLA011076
EXPIRATION DATE: March 10, 2008

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
 - d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

SIGNED _____
Christianne Ferraro, P.E.
Program Administrator
Water Facilities

DATE: March 17, 2003



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA E-MAIL TO: <mailto:JMLivarcik@aquaaamerica.com>

March 12, 2007

AQUA UTILITIES FLORIDA INC
1100 THOMAS AVENUE
LEESBURG FL 34748

OCD-C-WW-07-0230

ATTENTION JOHN M LIHVARCİK
PRESIDENT

Seminole County - DW
Chuluota WWTF
Wastewater Facility - Permit No. FLA011076

Seminole County - DW
Florida Central Commerce Park WWTF
Wastewater Facility - Permit No. FLA011078
Noncompliance Letter

Dear Mr. Lihvarcik:

On January 31, 2007, Department personnel conducted a Compliance Sampling Inspection (CSI) of Chuluota WWTF and a Compliance Evaluation Inspection (CEI) of Florida Central Commerce Park WWTF. Copies of the inspection reports are enclosed for your review. During the course of the inspections, and/or determined from records on file in this office, the following deficiencies were noted:

Chuluota WWTF

1. The sample pickup tubing on the influent sampler contained residue. This may impact the quality of the sample.
2. The Department has not received a reclaimed water or effluent analysis report that is required annually. A certification, stating that no new non-domestic wastewater discharges have been added to the collection system since the last reclaimed water or effluent analysis was conducted, may be submitted in lieu of the report.
3. A copy of the current license for each certified operator that services this facility was not on-site.
4. Documentation of calibration for the effluent flow meter was not available on-site. Flow measuring devices must be calibrated at least annually.

DOCUMENT NUMBER - DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

Chuluota WWTF & Florida Central Commerce Park WWTF
OCD-C-WWW-07-0230
Page 2

Florida Central Commerce Park WWTF

The fecal coliform 75th percentile was not reported on the Discharge Monitoring Reports (DMRs) for February 2006 and January 2007.

Both Facilities

The thermometers in the composite sample refrigerators and the sample storage refrigerators were not verified against the NIST-traceable thermometer.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to David Smicherko at (407) 893-3313.

Sincerely,



Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

GM/ds/ar

Enclosures: Inspection Reports

cc: Patrick Farris, Aqua Utilities Florida Inc, <mailto:PAFarris@aquaamerica.com>

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION @ = Optional

| | | | |
|---|-----------------|---------------|-----------------------------------|
| Name and Physical Location of Facility | WAFR ID: | County | Entry Date/Time |
| CHULUOTA WWTF | FLA011076 | Seminole | 1/31/07 10:30 AM |
| 125 EAST 10TH STREET | | Phone | @ Exit Date/Time |
| CHULUOTA FL 32860-9520 | | | 1/31/07 12:00 PM |
| Name(s) of Field Representative(s) | Title | Phone | |
| BILL TRENDEL | | 407-509-8398 | |
| Name and Address of Permittee or Designated Representative | Title | Phone | @ Operator Certification # |
| GLEN LABREQUE | VICE PRESIDENT | | BILL TRENDEL |
| AQUA UTILITIES FLORIDA INC | | | A-9184 |
| 6960 PROFESSIONAL PKWY E SUITE 400 | | | |
| SARASOTA FL 34240 | | | |

| | | | | |
|---|--|--------------------------------|-------------------------------|-----------------------------|
| Inspection Type | <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> I | Samples Taken(Y/N): No | @ Sample ID#: | Samples Split (Y/N): |
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Industrial | Were Photos Taken(Y/N): | @ Log book Volume : 10 | @ Page 41 |

| FACILITY COMPLIANCE AREAS EVALUATED | | | | | | |
|--|---------------------------|----|------------------------|----|------------------------------|-----------------|
| IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated | | | | | | |
| Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦" | | | | | | |
| | 1. ♦ Permit | NE | 3. Laboratory | IC | 6. ♦ Facility Site Review | NC |
| | 2. ♦ Compliance Schedules | NC | 4. Sampling | NC | 7. Flow Measurement | NC |
| | | NC | 5. ♦ Records & Reports | | 8. ♦ Operation & Maintenance | NC |
| NE | 13. Other: | | | | | IC |
| | | | | | | 12. Groundwater |

| | | | |
|--|--|---|--|
| Facility and/or Order Compliance Status: | <input type="checkbox"/> In-Compliance | <input checked="" type="checkbox"/> Out-Of-Compliance | <input type="checkbox"/> Significant-Out-Of-Compliance |
| Recommended Actions: NONCOMPLIANCE LETTER | | | |
| Name(s) and Signature(s) of Inspector(s) | District Office/Phone Number | Date | |
| David Smicherko <i>David Smicherko</i> | Central District 407-893-3313 | 3/6/07 | |
| Name(s) and Signature(s) of Reviewer | District Office/Phone Number | Date | |
| Kalina Warren <i>Kalina Warren</i> | Central District 407-893-3313 | March 7, 2007 | |

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

| | | | | | |
|-------------------------|---------------------|-----------------|------------------|------------------|-----------------|
| Transaction Code | NPDES Number | YR/MO/DA | Insp Type | Inspector | Fac Type |
| N | 5 | | 1 | 2 | 3 |

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

INSPECTION COMMENTS

PERMIT: In Compliance

The FDEP Permit No. FLA0111076 expires March 10, 2008. The new facility is a 0.400 MGD annual average daily flow (AADF) permitted capacity extended aeration wastewater treatment facility consisting of flow equalization aeration, secondary clarification, filtration, chlorination and aerobic digestion of residuals, and a 0.3 MG holding pond. Land application is via a 17.4 acre sprayfield. The permitted capacity of the plant will remain at 0.1 MGD, which is the capacity of the reuse system. A permit revision was issued on June 27, 2005 allowing the construction of the new treatment plant and modifications to the existing plant.

COMPLIANCE SCHEDULE: In Compliance

The conditions in the compliance schedule have been met. A Notification of Completion of Construction has been submitted.

LABORATORY:

The facility uses Harbor Branch Laboratory Department of Health Certification Number E83509 as its contract laboratory.

SAMPLING: In Compliance

SIGMA 900 automatic samplers collect the influent and effluent composite samples. **The tubing on the influent sampler contained heavy residue and should be replaced.** The samplers were not running. The temperature in the sample storage facility was 3.5°C.

A HACH DR 820 Colorimeter is used to test the total chlorine residual. The calibration of the meter is verified with secondary standards. The calibration check of the DR 820 and verification of the secondary standards is performed quarterly.

A pHtestr 30 pH meter is used to measure the pH of the effluent. Buffers of 7 and 10 SU are used to standardize the meter. Fresh buffers are used daily.

The thermometer in the sample storage refrigerator was reading was 2.0°C. **The thermometers in the samplers and the storage refrigerators are not checked against an NIST thermometer annually.**

The sampling points are as stated in the permit.

RECORDS AND REPORTS: Out of Compliance

A bound and numbered operations logbook was on-site showing the plant is staffed as required by permit. **A copy of operators license for Charles Harris C-9558 was not onsite.**

A review of the permit files and Discharge Monitoring Reports (DMRs) from March 2006 to January 2007 showed the following:

A copy of the Reclaimed Water or Effluent Analysis Report or a letter stating that no new non-domestic connections have been made has not been received.

A copy of the current Annual Reuse Report is on file at the Department.

FACILITY SITE REVIEW: In Compliance

ACCESS: The facility had a continuous fence and a gate that is secured after daily working hours.

HEADWORKS: There is a single Huber screw type screen and a surge tank. There is one blower dedicated to the surge tank.

AERATION BASINS: There are two air bays with three blowers. Mixed liquor was well aerated.

CLARIFIERS: There are two clarifiers, one in the ring plant and one stand alone clarifier. At the time of inspection only one clarifier was in operation. The weir was not level. The stilling wells are clean. The effluent was clear. There are 4 RAS pumps.

FILTERS: The filters are cloth disc type. The unit contains 4 discs. Backwash is on timer and level.

CHLORINE CONTACT CHAMBERS: There are two CCCs. Both online. The effluent in the CCCs was clear.

DISINFECTION: Sodium hypochlorite is used for disinfection. There are two storage tanks. There are two pumps available, only one was in use.

SLUDGE HOLDING: Part of the old plant is used as a sludge holding tank. There was storage capacity available.

FLOW MEASUREMENT: Out of Compliance

The primary flow measuring device is a 90° V-notch weir. The secondary device is an ultrasonic flow meter. The flow meter setup appeared to be correct. **The meter is newly installed but there was no calibration documentation available.** The new influent meter has been removed for repair.

EFFLUENT QUALITY: Out of Compliance

A review of the Discharge Monitoring Reports from March 2006 to January 2007 showed the following exceedances in the effluent quality limits.

The table below contains the results of the samples collected during the inspection.

| Parameter | Sample ID | Sample Result | Permit Limit |
|-------------------|-----------|---------------|----------------|
| Fecal Coliform | 23364fc | <1 fcc/100 ml | 800 fcc/100 ml |
| TSS | 23364tss | 1.5 mg/L | 60 mg/L |
| CBOD ₅ | 23364cbod | <2.0 mg/L | 60 mg/L |
| Nitrate | 981154 | 8.8 mg/L | 12.0 mg/L |

The total residual chlorine result was >2.2 mg/L.

The total nitrogen maximum limit reported on the DMR for January 2007 was 17.0 mg/L, which exceeded the permit limit of 12.0 mg/L. The exceedance was reported to the Department.

EFFLUENT DISPOSAL: Out of Compliance

Sprayfield vegetation appeared to be well maintained. There is significant rutting around the spray heads produced by the effluent spray. There is standing water in the north and east section of the spray field. These areas of the sprayfield are not used.

RESIDUALS/SLUDGE: In Compliance

The facility uses American Pipe and Tank Inc. for sludge hauling and treatment. Hauling tickets were available for review.

GROUND WATER: In Compliance

A review of the ground water files for this facility indicates the no deficiencies at this time.

A UA
Utilities Florida.

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.8333
www.aquautilitiesflorida.com

April 13, 2007

David Smicherko
Environmental Specialist
FDEP Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803

**RE: Reply to Compliance Evaluation Inspections
Chuluota WWTF
Facility ID No. FLA011076**

**Florida Commerce Park WWTF
Facility ID No. FLA011078
Seminole County**

Dear Mr. Smicherko:

The purpose of the correspondence is to provide a written response as requested in your March 12, 2007 letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Chuluota WWTF:

1. The sample tubing has been replaced.
2. The effluent analysis report is enclosed.
3. Copies of all the current operators' licenses have been placed on-site.
4. The flow meter calibration is enclosed.

Florida Central Commerce Park WWTF:

1. The revised DMR's for February 2006 and January 2007 are enclosed.

Both Facilities:

1. New thermometers have been ordered, these will contain the initial calibration/verification sheet which will be good for one year. Aqua Utilities Florida will order new thermometers each year to maintain compliance.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosures: 2006 Effluent Analysis Report
Current Flow Meter Calibration
Revised DMRs

cc: Bill Trendel, via e-mail
Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.



RECLAIMED WATER OR EFFLUENT ANALYSIS REPORT

Part I - Instructions

- (1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.
- (2) All information is to be typed or printed in ink.
- (3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.
- (4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.
- (5) The following instructions apply to Parts III through VIII of this form.
- (6) Column (a) - List the parameters that are to be analyzed.
- (7) Column (b) List the STORET Code for these parameters.
- (8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. <0.01).
- (9) Column (d) - List the primary or secondary drinking water standard from Chapter 62-550, F.A.C.
- (10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 62-601, F.A.C., or from other sources.
- (11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).
- (12) Column (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

(1) Facility Name: Chuluota WWTF

Address: 125 East 10th Street

City: Chuluota State: FL Zip: 32860

Telephone Number (including area code): (352)787-0980

(2) Owner or Authorized Representative

Name: Aqua Utilities Florida, Inc. John M. Lihvarcik

Title: President

Address: 1100 Thomas Avenue

City: Leesburg State: FL Zip: 34748

Telephone including area code: (352) 787-0980

(3) Method of Discharge: Sprayfield

(4) Report Period 1/1/2006 To 12/31/2006
(Beginning Date) (End Date)

(5) Name of Laboratory conducting the analysis: Harbor Branch Environmental Laboratory

Address: 5600 U.S. 1 North

City: Fort Pierce State: FL Zip: 34946

Telephone including area code: (772) 465-2400

(6) The facility DEP identification number (WAFR or GMS ID #): FLA011076

(7) DEP test site identification number (for the sampling location) EFA-1

(8) Description of the monitoring point: Chlorine Contact Chamber Effluent

(9) Date on which the sample was taken (MM/DD/YR) 11/30/06

Time of day at which the sample was taken 10:00 AM PM

615: 12/07/06; 608/8081: 12/04/06

(10) Date of extraction for the organic chemical analysis performed in Part VI 504: 12/13/06 (MM/DD/YR)

Part III - Inorganic Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (mg/L) | (d) Standard (mg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Arsenic | 900208 | <0.010 | 0.05 | EPA 200.7 | 12/13/06 | |
| Barium | 900209 | 0.013 | 1.0 | EPA 200.7 | 12/13/06 | |
| Cadmium | 900210 | <0.001 | 0.010 | EPA 200.7 | 12/13/06 | |
| Chromium | 900211 | <0.002 | 0.05 | EPA 200.7 | 12/13/06 | |
| Fluoride | 000951 | <0.22 | 4.0 | EPA 300.0 | 12/01/06 | |
| Lead | 900212 | <0.003 | 0.05 | EPA 200.7 | 12/13/06 | |
| Mercury | 900213 | <0.0005 | 0.002 | EPA 245.1 | 12/20/06 | |
| Nitrate (as N) | 071850 | 10 | 10 | EPA 300/0 | 12/01/06 | |
| Selenium | 900214 | <0.010 | 0.01 | EPA 200.7 | 12/13/06 | |
| Silver | 900215 | <0/001 | 0.05 | EPA 200.7 | 12/13/06 | |
| Sodium | 000929 | 160 | 160 | EPA 200/7 | 12/13/06 | |

Part IV - Volatile Organic Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Ethylene dibromide | 900222 | <0.019 | 0.02 | EPA 504 | 12/14/06 | |
| Para-dichlorobenzene | - | <1 | 75 | EPA 624 | 12/13/06 | |
| Vinyl Chloride | 039175 | <1 | 1 | EPA 624 | 12/13/06 | |
| 1,1-dichloroethane | 034496 | <1 | 7 | EPA 624 | 12/13/06 | |
| 1,2-dichloroethane | 034531 | <1 | 3 | EPA 624 | 12/13/06 | |
| 1,1,1-trichloroethane | 034506 | <1 | 200 | EPA 624 | 12/13/06 | |
| Carbon tetrachloride | 032102 | <1 | 3 | EPA 624 | 12/13/06 | |
| Trichloroethene | - | <1 | 3 | EPA 624 | 12/13/06 | |
| Tetrachloroethene | - | <1 | 3 | EPA 624 | 12/13/06 | |
| Benzene | 034030 | <1 | 1 | EPA 624 | 12/13/06 | |

Part V - Trihalomethane Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Total THM | 082080 | 120 | 100 | EPA 624 | 12/13/06 | * |

Part VI - Organic Chemical Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Endrin | 039390 | <0.098 | 0.02 | EPA 608 | 12/6/06 | * |
| Lindane | 039782 | <0.049 | 4 | EPA 608 | 12/6/06 | |
| Methoxychlor | 039480 | <0.20 | 100 | EPA 608 | 12/6/06 | |
| Toxaphene | 039400 | <0.98 | 5 | EPA 608 | 12/6/06 | |
| 2,4-D | 039730 | <1.2 | 100 | EPA 615 | 12/8/06 | |
| 2,4,5-TP (Silvex) | 039760 | <0.097 | 10 | EPA 615 | 12/8/06 | |

Part VII - Radiological Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (pCi/L) | (d) Standard (pCi/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--|-----------------------|-----------------------------------|----------------------------|-----------------------------|-------------------------|--------------------------|
| Gross alpha excl. radon and uranium | 001519 | 1.9 +/- 1/6 | 15 | EPA 900.0 | 12/21/06 | |
| Radium-226 and Radium-228 combined | 011503 | 2.2 +/- 1.4 0.0 +/- 0.7 | 5 | EPA 903.1 EPA Ra-05 | 12/19/06 | |

Part VIII - Secondary Chemical Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (mg/L) | (d) Standard (mg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Chloride | 000940 | 210 | 250 | EPA 300.0 | 12/5/06 | |
| Copper | 900218 | 0.0031 | 1 | EPA 200.7 | 12/13/06 | |
| iron | 900219 | <0.040 | 0.3 | EPA 200.7 | 12/13/06 | |
| Manganese | 900220 | 0.012 | 0.05 | EPA 200.7 | 12/13/06 | |
| Sulfate | 000945 | 39 | 250 | EPA 300.0 | 12/5/06 | |
| Zinc | 900221 | 0.063 | 5 | EPA 200.7 | 12/13/06 | |
| pH (units) | 000403 | 7.76 | 6.5 - 8.5 | EPA 150.1 | 12/10/07 | |
| TDS | 070300 | 650 | 500 | EPA 160.1 | 12/5/06 | * |
| Foaming Agents | 900217 | 0.062 | 0.5 | EPA 425.1 | 12/1/06 | |

Part IX - Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 4/11/07

Phone: (407) 509-8398

William Trendel
Signature of Lead Operator

William Trendel A-9184
Name (please type) and Certification Number

140 Hope St.
Address

Longwood, FL 32750

Attachment # 2.

01/30/2007 12:01 2156746308

ABB INC

PAGE 01/86

Magnetic Flowmeter Calibration Test Report

| | |
|----------------------------|-----------------------------|
| Serial No.:05W032979 | Date :19 DEC 2005 |
| Sales Order No.:393645 | Line Item:3 |
| Meter Size :10 inch(250mm) | Model No.:MFF251342181008ER |
| Sec. Serial No.:05W032980 | Sec Model No.:MFE4ER140111 |
| Max Flow: 6000.000 GPM | Sp. Gr. : 1.000 |
| Sensor Factor 1 :1.3121 | Sensor Factor 2 : +0.0 |
| Sensor Factor 3 : 5 | Sensor Factor 4 :1.0000 |

| Run # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 4772.887 | 4772.557 | -.007 |
| 02 | 2513.123 | 2512.292 | -.033 |
| 03 | 909.503 | 909.626 | +.014 |

All Flowmeters are calibrated in accordance with ANSI/ISO and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Waxminster facility is certified to ISO 9001.

This Calibration report may not be reproduced, except in full, without written permission.

Hydraulic test performed by:G. Myers

Required Accuracy:0.15% of Rate

TEST EQUIPMENT :
E0879 TIMER
E1222 DVM
M0133 SCALE (100000 LB)
T0247 THERMISTOR
E0197 COUNTER

PORTABLE.BAS Rev 4, RAM 050302 14:19:36

Magnetic Flowmeter Calibration Test Report

| | |
|----------------------------|-----------------------------|
| Serial No.:05W032979 | Date :19 DEC 2005 |
| Sales Order No.:393645 | Line Item:3 |
| Meter Size :10 inch(250mm) | Model No.:MFF251342181008ER |
| Sec. Serial No.:05W032980 | Sec Model No.:MFE4ER140111 |
| Max Flow: 6000.000 GPM | Sp. Gr. : 1.000 |

| # | Instruction | Answer | Back |
|---|----------------------|----------|--|
| 1 | Login3*1*kuwb | 3*1*kuwb | Login En 1>3 > |
| 2 | set Max flow unit42* | 42*4*1 | Flow Unit UGal 4>1 > |
| 3 | set Flow mult 1433*1 | 433*1 | Flow Mult 3>1 > |
| 4 | totalizer71*4*1 | 71*4*1 | Tot Unit UGal 4>1 > |
| 5 | tot multiplier723*1 | 723*1 | Tot Mult 3>1 > |
| 6 | Set Time units44*2*1 | 44*2*1 | Flow Time Min 2>1 > |
| 7 | Max Flow41*6000 | 41*6000 | Flow Rng 1> 6000.00000 > 6000.00000 |
| 8 | Read Q>1*1 | 1*1 | Read Flow 1> 1051.62? > |
| 9 | Quitq | q | Read 1> >BycABB Kent-TaylorProcess MagnastarV 1. |

PORTABLE.BAS Rev 4, RAM 050302 14:19:36

Magnetic Flowmeter Calibration Test Report

Serial No.: 05W032977 Date : 20 DEC 2005
Sales Order No.: 399645 Line Item: 1
Meter Size : 6 inch (150mm) Model No.: MFE151342181008XR
Sec. Serial No.: 05W032978 Sec Model No.: MFE4ER140111
Max Flow: 600.000 GPM Sp. Cr. : 1.000

Sensor Factor 1 : 1.6591 Sensor Factor 2 : ~20.0
Sensor Factor 3 : 5 Sensor Factor 4 : 1.0000

| Run # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 588.845 | 588.947 | + .017 |
| 02 | 290.845 | 291.338 | + .170 |
| 03 | 84.171 | 84.241 | + .083 |

All flowmeters are hydraulically calibrated in accordance with ANSI/2540 and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Warminster facility is certified to ISO 9001.

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Hydraulic test performed by: C. McMillan

Required Accuracy: 0.2% of Rate

TEST EQUIPMENT USED :
E3222 VOLTMETER
E3074 8L FREQ. COUNTER
T0108 THERMISTOR
M0131 15,000 LB SCALE
R0096 8L 6 Inch Master

FLOW LOOPS REV 14-080501 12:59:39 0 54 53

Magnetic Flowmeter Calibration Test Report

| | |
|---------------------------|-----------------------------|
| Serial No.:05W032977 | Date :20 DEC 2005 |
| Sales Order No.:393645 | Line Item:1 |
| Meter Size :6 inch(150mm) | Model No.:MFE151342181006ER |
| Sec. Serial No.:05W032978 | Sec Model No.:MFE4ER140111 |
| Max Flow: 600.000 GPM | Sp. Gr. : 1.000 |

```

##      Instruction      Answer Back
1 Login3*1*kuwb      3*1*kuwbABB Kent-TaylorProcess MagmasterV 1.10 17
2 set Max flow unit42* 42*4*1Flow Unit UGal 4>1 *
3 Set Flow mult 1433*1 433*1Flow Mult 3>1 >
4 totalizer71*4*1    71*4*1Tot Unit UGal 4>1 >
5 tot multiplier723*1 723*1Tot Mult 3>1 >
6 Set Time units44*2*1 44*2*1Flow Time Min 2>1 >
7 Max Flow41*600     41*600Flow Rng 1> 600.00000 > 600.00000
8 Read Q>1*1        1*1Read Flow 1> 291.36? >
Meter check Actual Flow : 290.84 Indicated Flow : 291.36
9 Error was : +.18
9 quitq            qRead 1> >ByeABB Kent-TaylorProcess MagmasterV 1.

```

LOOPS RTDL RM,230801 12:59:39

Magnetic Flowmeter Calibration Test Report

| | |
|---------------------------|-----------------------------|
| Serial No.:05W032568 | Date :20 DEC 2005 |
| Sales Order No.:1392922 | Line Item:3 |
| Meter Size 14 inch(100mm) | Model No.:MFE101341801004EH |
| Sec. Serial No.:05W032569 | Sec Model No.:MFE4EH140311 |
| Max Flow: 600.000 GPM | Sp. Gr. : 1.000 |
| Sensor Factor 1 :1.1665 | Sensor Factor 2 :-19.0 |
| Sensor Factor 3 : 5 | Sensor Factor 4 :1.0000 |

| Run # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 482.971 | 483.208 | +0.049 |
| 02 | 247.334 | 247.693 | +0.145 |
| 03 | 75.320 | 75.416 | +0.128 |

All Flowmeters are hydraulically calibrated in accordance with ANSI/z540 and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Warminster facility is certified to ISO 9001.

This Calibration report may not be reproduced, except in full, without written permission.

Hydraulic test performed by:C. McMillan

Required Accuracy:0.24 of Rate

TEST EQUIPMENT USED :
EJ222 VOLTMETER
EJ072 4H FREQ. COUNTER
T0108 THERMISTOR
M0131 15,000 LB SCALE
R0043 4H-3 Inch Master
R0044 4H-2 Inch Master

FLOW LOOPS REV 14-080501 00:28:07 0 15 34

Magnetic Flowmeter Calibration Test Report

| | |
|---------------------------|-----------------------------|
| Serial No.:05W032568 | Date :20 DEC 2005 |
| Sales Order No.:392922 | Line Item:3 |
| Meter Size :4 inch(100mm) | Model No.:MFE101341B01004EH |
| Sec. Serial No.:05W032569 | Sec Model No.:MFE4EH140311 |
| Max Flow: 600.000 GPM | Sp. Gr. : 1.000 |

```

##      Instruction                      Answer Back
1 Login3*1*kuwb          3*1*kuwbLogin En 1>3 >
2 set Max flow unit42*  42*4*1Flow Unit UGal 4>1 >
3 Set Flow mult 1433*1  433*1Flow Mult    3>1 >
4 totalizer71*4*1      71*4*1Tot Unit UGal 4>1 >
5 tot multiplier723*1  723*1Tot Mult    3>1 >
6 Set Time units44*2*1  44*2*1Flow Time Min 2>1 >
7 Max Flow41*600       41*600Flow Rng 1> 600.00000 > 600.00000 600.000
8 Read Q>1*1          1*1Read Flow 1> 75.36? >
Meter check Actual Flow : 75.32 Indicated Flow : 75.36
9 Error was : +.05
9 quitq              qRead 1> Bye>ABB Kent-TaylorProcess MagmasterV 1.

LOOPS RTDL RM,230801 08:28:07

```

Attachment # 3.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

02/01/2006 To:

02/28/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------------------|--------------------------|------------------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | 100% | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1U #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | 1.9D | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 180 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 340 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.055 | | MG/D | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | 5 Days/Week | |
| Flow | Sample Measurement | 0.046 | 0.051 | MG/D | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 53.3% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | |
| | Permit Measurement | | | | | | |

Revised

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

01/01/2007 To:

01/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | 100% | #/100mL | 1 | 3 Days/Week | Grab |
| PARM Code, 51005 Mon. Site No. EFA-1 | Permit Measurement | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | 10< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 Mon. Site No. EFA-1 | Permit Measurement | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | 2.00 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 62 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 161 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.046 | | MG/D | | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | 5 Days/Week | |
| Flow | Sample Measurement | 0.044 | 0.046 | MG/D | | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 48.8% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | |
| | Permit Measurement | | | | | | |

Revised

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, Including Influent
 NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD--From: 01/01/2007 To: 01/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.042 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.031 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.1 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator | <i>William Trendel</i> | 407-339-5424 | 07/02/12 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DOCUMENT NUMBER-DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From:

01/01/2007 To:

01/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|------------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | 1 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | 0 | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 2.00 | MG/L | | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | 0 | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 62 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 161 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.046 | | | MG/D | | | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | | MG/D | 0 | 5 Days/Week | |
| Flow | Sample Measurement | 0.044 | 0.046 | | MG/D | | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | | MG/D | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 48.8% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | Percent | Calculated |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 1/1/07 To: 1/31/07

| Code Mon. Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (Far Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-------------------|-----------------|--|--------------|-----------------------------------|------------|--------------------|------------|------------|-----------------|------------|
| | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.6 | 1.2 | | 1.0 | 0.024 | 0.055 | | |
| 2 | | 1< | 8.0 | 1.2 | 1< | 1.4 | 0.019 | 0.056 | | |
| 3 | | 1< | 7.6 | 3.4 | 1< | 1.5 | 0.072 | 0.059 | | |
| 4 | | 1< | 7.5 | 1.0 | 1< | 1.4 | 0.049 | 0.056 | | |
| 5 | | | 7.7 | 1.0 | | 1.7 | 0.055 | 0.000 | | |
| 6 | | | 7.7 | 1.0 | | 1.2 | 0.049 | 0.000 | | |
| 7 | | | 7.5 | 5.0 | | 1.5 | 0.013 | 0.000 | | |
| 8 | | 1< | 8.1 | 5.0 | 1< | 1.4 | 0.017 | 0.000 | | |
| 9 | | 1< | 7.9 | 5.0 | 1< | 1.6 | 0.052 | 0.000 | | |
| 10 | | | 7.5 | 5.0 | | 1.5 | 0.055 | 0.064 | | |
| 11 | 2.0< | 1< | 7.8 | 5.0 | 1< | 1.7 | 0.059 | 0.053 | 43 | 81 |
| 12 | | | 7.5 | 1.0 | | 1.7 | 0.049 | 0.062 | | |
| 13 | | | 7.2 | 1.0 | | 1.8 | 0.044 | 0.054 | | |
| 14 | | | 7.5 | 5.0 | | 1.0 | 0.015 | 0.058 | | |
| 15 | | 1< | 7.0 | 1.0 | 1< | 1.5 | 0.019 | 0.000 | | |
| 16 | | 1< | 7.3 | 5.0 | 1< | 1.9 | 0.045 | 0.000 | | |
| 17 | | | 7.6 | 5.0 | | 1.4 | 0.020 | 0.000 | | |
| 18 | | 1< | 7.7 | 5.0 | 1< | 1.5 | 0.060 | 0.000 | | |
| 19 | | | 7.6 | 1.0 | | 1.4 | 0.048 | 0.000 | | |
| 20 | | | 7.8 | 5.0 | | 1.1 | 0.047 | 0.000 | | |
| 21 | | | 7.7 | 5.0 | | 0.9 | 0.027 | 0.051 | | |
| 22 | | 1< | 7.6 | 5.0 | 1.1 | 1.5 | 0.023 | 0.054 | | |
| 23 | | 1< | 7.2 | 1.6 | 1.1 | 1.4 | 0.076 | 0.054 | | |
| 24 | | | 7.6 | 1.4 | | 1.5 | 0.059 | 0.059 | | |
| 25 | 2.0< | 1< | 7.5 | 4.0 | 1< | 1.3 | 0.075 | 0.056 | 80 | 240 |
| 26 | | | 7.7 | 5.0 | | 1.2 | 0.075 | 0.057 | | |
| 27 | | | 7.9 | 1.0 | | 2.0 | 0.048 | 0.053 | | |
| 28 | | | 7.8 | 5.0 | | 1.7 | 0.017 | 0.055 | | |
| 29 | | | 7.7 | 1.5 | | 1.4 | 0.040 | 0.000 | | |
| 30 | | 1< | 7.4 | 5.0 | 1< | 1.1 | 0.053 | 0.000 | | |
| 31 | | 1< | 7.7 | 5.0 | 1< | 1.2 | 0.068 | 0.000 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Alfred Gerardo
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:
 CLASS SIZE:
 MONITORING GROUP NUMBER:
 MONITORING GROUP DESC:
 NO DISCHARGE FROM SITE:

Final REPORT: Monthly
 N/A GROUP: Domestic
 R-001
 Public Access Irrigation, including Influent
 []

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

COUNTY: Seminole MONITORING PERIOD--From: 02/01/2007 To: 02/28/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.042 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon.Site No. FLW-2 | Permit Measurement | 0.095 (An.Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.044 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon.Site No. FLW-2 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon.Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.5 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon.Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.2 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon.Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |
| | | | | 8.5 (Max) | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator | <i>William Trendel</i> | 407-339-5424 | 02/03/13 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

02/01/2007 To:

02/28/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detector | Sample Measurement | | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 2.80 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 71 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 106 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.046 | | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.047 | 0.045 | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 47.4% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 2/1/07 To: 2/28/07

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | 1.0< | 7.3 | 2.3 | 1.0< | 1.0 | 0.063 | 0.055 | | |
| 2 | | | 7.3 | 5.0 | | 1.2 | 0.076 | 0.059 | | |
| 3 | | | 7.2 | 5.0 | | 1.3 | 0.083 | 0.053 | | |
| 4 | | | 7.5 | 2.8 | | 1.2 | 0.056 | 0.059 | | |
| 5 | | 1.0< | 7.2 | 1.6 | 1.0< | 1.1 | 0.114 | 0.049 | | |
| 6 | | 1.0< | 7.9 | 5.0 | 1.0< | 1.3 | 0.081 | 0.057 | | |
| 7 | | | 7.3 | 5.0 | | 1.2 | 0.066 | 0.064 | | |
| 8 | 2.0< | 1.0< | 7.7 | 5.0 | 1.0< | 1.4 | 0.063 | 0.056 | 72 | 140 |
| 9 | | | 7.5 | 5.0 | | 1.4 | 0.052 | 0.064 | | |
| 10 | | | 7.4 | 5.0 | | 1.7 | 0.049 | 0.055 | | |
| 11 | | | 7.5 | 2.9 | | 1.6 | 0.130 | 0.057 | | |
| 12 | | 1.0< | 8.0 | 2.6 | 1.1 | 1.5 | 0.025 | 0.057 | | |
| 13 | | 1.0< | 7.4 | 1.3 | 1.0< | 1.4 | 0.033 | 0.058 | | |
| 14 | | | 7.5 | 1.0 | | 1.0 | 0.102 | 0.062 | | |
| 15 | | 1.0< | 7.6 | 5.0 | 1.0< | 1.4 | 0.049 | 0.057 | | |
| 16 | | | 7.6 | 4.0 | | 1.3 | 0.059 | 0.060 | | |
| 17 | | | 7.5 | 5.0 | | 1 | 0.061 | 0.000 | | |
| 18 | | | 7.6 | 1.5 | | 1.1 | 0.022 | 0.000 | | |
| 19 | | 1.0< | 8.1 | 5.0 | 1.0< | 1.3 | 0.045 | 0.000 | | |
| 20 | | 1.0< | 7.8 | 3.3 | 1.0< | 1.5 | 0.057 | 0.056 | | |
| 21 | | | 7.5 | 5.0 | | 1.3 | 0.045 | 0.063 | | |
| 22 | 3.4Y | 1.0< | 7.9 | 1.0 | 1.0< | 1.6 | 0.006 | 0.056 | 70 | 71 |
| 23 | | | 7.4 | 2.8 | | 1.9 | 0.042 | 0.063 | | |
| 24 | | | 7.4 | 2.5 | | 1.8 | 0.057 | 0.083 | | |
| 25 | | | 7.6 | 5.0 | | 1.3 | 0.034 | 0.000 | | |
| 26 | | 1.0< | 8.1 | 2.9 | 1.0< | 2.8 | 0.025 | 0.000 | | |
| 27 | | 1.0< | 7.3 | 2.8 | 1.5 | 2.0 | 0.053 | 0.000 | | |
| 28 | | | 7.3 | 1.0 | | 2.1 | 0.046 | 0.000 | | |
| 29 | | | | | | | 0.053 | 0.031 | | |
| 30 | | 1.0< | | | 1< | | 0.000 | 0.000 | | |
| 31 | | 1.0< | | | 1< | | 0.000 | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Alfred Gerardo</u> |
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3757

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD--From: 03/01/2007 To: 03/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|-----------------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.043 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.038 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.7 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.1 7.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator | <i>William Trendel</i> | 407-339-5424 | 07/04/10 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From: 03/01/2007 To: 03/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MGL | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MGL | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 2.50 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 88 | MGL | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MGL | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 113 | MGL | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MGL | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.046 | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | MG/D | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.043 | 0.046 MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMAOF/Permitted Capacity) X 100 | Sample Measurement | | | 48.4% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 3/1/07 To: 3/31/07

| Code Mon. Site | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| 1 | | 1.0< | 7.7 | 1.0 | 1.7 | 1.8 | 0.053 | 0.000 | | |
| 2 | | | 7.6 | 1.0 | | 1.9 | 0.040 | 0.073 | | |
| 3 | | | 7.9 | 5.0 | | 1.5 | 0.043 | 0.059 | | |
| 4 | | | 7.8 | 5.0 | | 1.2 | 0.012 | 0.000 | | |
| 5 | | 1.0< | 7.9 | 5.0 | 1.0< | 1.7 | 0.022 | 0.000 | | |
| 6 | | 1.0< | 7.8 | 4.6 | 1.1 | 1.5 | 0.012 | 0.000 | | |
| 7 | | | 7.5 | 5.0 | | 0.71 | 0.046 | 0.000 | | |
| 8 | 2.0< | 1.0< | 7.5 | 5.0 | 1.0< | 1.4 | 0.062 | 0.000 | 120 | 170 |
| 9 | | | 7.5 | 5.0 | | 1.1 | 0.026 | 0.000 | | |
| 10 | | | 7.4 | 1.0 | | 1.2 | 0.046 | 0.091 | | |
| 11 | | | 7.7 | 1.0 | | 1 | 0.022 | 0.000 | | |
| 12 | | 1.0< | 7.5 | 1.0 | 1.0< | 1.3 | 0.025 | 0.059 | | |
| 13 | | 1.0< | 7.5 | 2.0 | 1.0< | 0.85 | 0.054 | 0.063 | | |
| 14 | | | 7.3 | 1.5 | | 0.94 | 0.056 | 0.069 | | |
| 15 | | 1.0< | 7.2 | 1.0 | 1.0< | 0.9 | 0.044 | 0.063 | | |
| 16 | | | 7.3 | 1.0 | | 1.5 | 0.050 | 0.045 | | |
| 17 | | | 7.4 | 5.0 | | 1.2 | 0.012 | 0.057 | | |
| 18 | | | 7.5 | 1.7 | | 1.8 | 0.038 | 0.054 | | |
| 19 | | 1.0< | 7.3 | 2.7 | 1.0< | 1.6 | 0.041 | 0.058 | | |
| 20 | | 1.0< | 7.2 | 1.0 | 1.2 | 0.9 | 0.044 | 0.067 | | |
| 21 | | | 7.2 | 1.7 | | 0.91 | 0.061 | 0.011 | | |
| 22 | 2.0< | 1.0< | 7.2 | 1.0 | 1.0< | 0.7 | 0.056 | 0.057 | 55 | 56 |
| 23 | | | 7.1 | 1.0 | | 0.5 | 0.051 | 0.063 | | |
| 24 | | | 7.2 | 1.0 | | 0.4 | 0.058 | 0.056 | | |
| 25 | | | 7.4 | 1.7 | | 0.81 | 0.024 | 0.056 | | |
| 26 | | 1.0< | 7.3 | 1.5 | 1.0< | 0.85 | 0.026 | 0.000 | | |
| 27 | | 1.0< | 7.4 | 1.0 | 1.0< | 0.21 | 0.049 | 0.000 | | |
| 28 | | | 7.4 | 1.0 | | 0.21 | 0.065 | 0.064 | | |
| 29 | | 1.0< | 7.1 | 3.4 | 1.7 | 2.00 | 0.045 | 0.063 | | |
| 30 | | | 7.3 | 1.0 | | 2.00 | 0.040 | 0.000 | | |
| 31 | | | 7.4 | 1.0 | | 2.5 | 0.045 | 0.000 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Alfred Gerardo
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

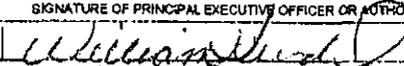
REPORT: Monthly
 GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

COUNTY: Seminole MONITORING PERIOD--From: 04/01/2007 To: 04/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.043 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon.Site No. FLW-2 | Permit Measurement | 0.095 (An.Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.038 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon.Site No. FLW-2 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon.Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo.Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 6.5 | | MG/L | 1 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon.Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 6.5 | 7.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon.Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 07/05/10 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary).

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

04/01/2007 To:

04/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No of Ex. | Frequency of Analysis | Sample Type | |
|--|--------------------|---------------------|--------------------|--------------------------|----------|-----------|-----------------------|-----------------|------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | #/100mL | 3 Days/Week | Grab | |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | | #/100mL | 3 Days/Week | Grab | |
| Coliform, Fecal | Sample Measurement | | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 5.50 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 140 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 205 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.077 | | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.042 | 0.047 | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 49.5% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | |
| | Permit Measurement | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 4/1/07 To: 4/30/07

| Code Mon. Site | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
|-------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| 1 | | | 7.5 | 1.0 | | 2.5 | 0.006 | 0.000 | | |
| 2 | | 1.0< | 7.5 | 1.5 | 1.9 | 5.5 | 0.017 | 0.000 | | |
| 3 | | 1.0< | 7.0 | 1.0 | 1.0 | 1.8 | 0.055 | 0.000 | | |
| 4 | | | 7.0 | 1.0 | | 1.8 | 0.044 | 0.073 | | |
| 5 | 2.0< | 1.0< | 7.0 | 1.0 | 1.3 | 2.0 | 0.061 | 0.000 | 110 | 190 |
| 6 | | | 6.9 | 1.0 | | 2.0 | 0.042 | 0.067 | | |
| 7 | | | 7.0 | 5.0 | | 4.0 | 0.049 | 0.057 | | |
| 8 | | | 7.4 | 3.9 | | 5.0 | 0.026 | 0.054 | | |
| 9 | | 1.0< | 7.5 | 2.8 | 4.3 | 1.8 | 0.024 | 0.058 | | |
| 10 | | 1.0< | 6.5 | 2.9 | 4.9 | 1.4 | 0.057 | 0.000 | | |
| 11 | | | 6.9 | 3.2 | | 1.9 | 0.070 | 0.000 | | |
| 12 | | 1.0< | 6.9 | 2.4 | 1.5 | 1.7 | 0.040 | 0.000 | | |
| 13 | | | 6.9 | 5.0 | | 1.9 | 0.054 | 0.113 | | |
| 14 | | | 6.9 | 5.0 | | 1.7 | 0.045 | 0.062 | | |
| 15 | | | 6.9 | 5.0 | | 2.0 | 0.028 | 0.058 | | |
| 16 | | 1.0< | 7.1 | 1.0 | 1.9 | 1.4 | 0.024 | 0.059 | | |
| 17 | | 1.0< | 7.0 | 3.5 | 6.5 | 1.2 | 0.062 | 0.000 | | |
| 18 | | | 7.2 | 4.5 | | 1.0 | 0.040 | 0.073 | | |
| 19 | 2.0< | 1.0< | 7.3 | 3.2 | 1.3 | 1.7 | 0.063 | 0.063 | 170 | 220 |
| 20 | | | 7.5 | 1.8 | | 1.6 | 0.049 | 0.071 | | |
| 21 | | | 7.3 | 3.4 | | 1.8 | 0.053 | 0.000 | | |
| 22 | 2.0< | | 7.6 | 5.0 | | 1.3 | 0.029 | 0.000 | | |
| 23 | | 1.0< | 7.6 | 5.0 | 1.0< | 1.7 | 0.024 | 0.083 | | |
| 24 | | 1.0< | 7.4 | 2.7 | 1.0< | 1.8 | 0.052 | 0.000 | | |
| 25 | | | 7.3 | 2.7 | | 1.4 | 0.058 | 0.000 | | |
| 26 | | 1.0< | 7.2 | 2.5 | 1.0< | 1.3 | 0.040 | 0.066 | | |
| 27 | | | 7.2 | 2.7 | 1.0< | 1.2 | 0.049 | 0.068 | | |
| 28 | | | 7.4 | 1.0 | | 1.0 | 0.047 | 0.067 | | |
| 29 | | | 7.9 | 5.0 | | 0.7 | 0.022 | 0.062 | | |
| 30 | | 1.0< | 7.9 | 4.0 | 1.0< | 1.2 | 0.037 | 0.000 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, Including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

COUNTY: Seminole

MONITORING PERIOD-From: 05/01/2007 To: 05/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.044 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon.Site No. FLW-2 | Permit Measurement | 0.095 (An.Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.042 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon.Site No. FLW-2 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon.Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.9 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon.Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon.Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator | | 407-339-5424 | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD-From:

05/01/2007 To:

05/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | 2.00 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 144 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 394 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.047 | | MG/D | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | 5 Days/Week | |
| Flow | Sample Measurement | 0.044 | 0.044 | MG/D | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 46.7% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | |
| | Permit Measurement | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 5/1/07 To: 5/31/07

| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
|-----------|--------------|-----------------------------------|-----------|----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
| 1 | | 1.0< | 7.1 | 2.4 | 1.0< | 1.2 | 0.054 | 0.000 | | |
| 2 | | | 7.1 | 2.6 | | 1.0 | 0.052 | 0.000 | | |
| 3 | 2.0< | 1.0< | 7.4 | 1.3 | 1.0< | 1.0 | 0.064 | 0.079 | 240 | 730 |
| 4 | | | 7.1 | 1.0 | | 0.9 | 0.055 | 0.071 | | |
| 5 | | | 7.7 | 1.0 | | 0.7 | 0.051 | 0.063 | | |
| 6 | | | 7.9 | 3.8 | | 0.9 | 0.043 | 0.000 | | |
| 7 | | 1.0< | 7.9 | 5.0 | 1.0< | 1.5 | 0.026 | 0.062 | | |
| 8 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.8 | 0.070 | 0.067 | | |
| 9 | | | 7.5 | 5.0 | | 1.4 | 0.060 | 0.042 | | |
| 10 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.4 | 0.049 | 0.073 | | |
| 11 | | | 7.4 | 5.0 | | 1.1 | 0.048 | 0.083 | | |
| 12 | | | 7.2 | 5.0 | | 1.0 | 0.050 | 0.067 | | |
| 13 | | | 7.6 | 5.0 | | 1.0 | 0.031 | 0.065 | | |
| 14 | | 1.0< | 7.9 | 4.2 | 1.0< | 1.3 | 0.038 | 0.000 | | |
| 15 | | 1.0< | 7.2 | 5.0 | 1.0< | 1.0 | 0.058 | 0.000 | | |
| 16 | | | 7.2 | 1.0 | | 1.2 | 0.053 | 0.000 | | |
| 17 | 2.0< | 1.0< | 7.2 | 1.3 | 1.0< | 1.3 | 0.053 | 0.047 | 53 | 53 |
| 18 | | | 7.2 | 1.0 | | 1.2 | 0.061 | 0.067 | | |
| 19 | | | 7.5 | 5.0 | | 0.8 | 0.057 | 0.068 | | |
| 20 | | | 7.4 | 5.0 | | 0.8 | 0.022 | 0.059 | | |
| 21 | | 1.0< | 7.3 | 5.0 | 1.0< | 0.8 | 0.029 | 0.061 | | |
| 22 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.0 | 0.045 | 0.056 | | |
| 23 | | | 7.3 | 5.0 | | 1.0 | 0.063 | 0.000 | | |
| 24 | | 1.0< | 7.3 | 5.0 | 1.0< | 1.2 | 0.043 | 0.070 | | |
| 25 | | | 7.3 | 5.0 | | 1.1 | 0.039 | 0.067 | | |
| 26 | | | 7.3 | 5.0 | | 1.0 | 0.058 | 0.073 | | |
| 27 | | | 7.4 | 5.0 | | 1.2 | 0.023 | 0.000 | | |
| 28 | | | 7.6 | 5.0 | | 1.2 | 0.015 | 0.060 | | |
| 29 | | 1.0< | 8.2 | 5.0 | 1.0< | 2.0 | 0.025 | 0.000 | | |
| 30 | | 1.0< | 7.0 | 5.0 | 1.0< | 1.6 | 0.046 | 0.000 | | |
| 31 | 2.0< | 1.0< | 7.0 | 1.7 | 1.9 | 1.9 | 0.057 | | 140 | 400 |

PLANT STAFFING:

Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, Including Influent
 NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD--From: 08/01/2007 To: 08/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.043 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon.Site No. FLW-2 | Permit Measurement | 0.095 (An.Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.044 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon.Site No. FLW-2 | Permit Measurement | Report (Mo.Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon.Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo.Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.4 | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon.Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 6.8 | 7.7 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon.Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|-------------------------------|-----------------------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen. Facilities Operator | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William Trendel</i> | TELEPHONE NO. 407-339-5424 | DATE (YY/MM/DD) 07/07/16 |
|---|--|-------------------------------|-----------------------------|

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From:

06/01/2007 To:

06/30/2007

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|-------|--------------------------|----------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | | 100% | | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 2.00 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 120 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 275 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.046 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.040 | 0.042 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 44.2% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 6/1/07 To: 6/30/07

| Code Mon. Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-------------------|-----------------|--|----------------|-----------------------------------|----------------|--------------------|----------------|-----------------|-----------------|------------|
| 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 | |
| 1 | | | 7.0 | 1.2 | | 1.8 | 0.054 | 0.000 | | |
| 2 | | | 6.9 | 3.2 | | 1.7 | 0.076 | 0.000 | | |
| 3 | | | 6.9 | 1.0 | | 1.9 | 0.026 | 0.000 | | |
| 4 | | 1.0< | 7.7 | 1.7 | 1.0< | 2.0 | 0.024 | 0.085 | | |
| 5 | | 1.0< | 7.4 | 3.1 | 1.4 | 2.0 | 0.054 | 0.068 | | |
| 6 | | | 7.4 | 2.5 | | 1.5 | 0.046 | 0.067 | | |
| 7 | | 1.0< | 6.8 | 1.1 | 1.0< | 1.0 | 0.041 | 0.066 | | |
| 8 | | | 6.8 | 1.3 | | 0.8 | 0.052 | 0.069 | | |
| 9 | | | 7.1 | 5.0 | | 0.8 | 0.048 | 0.069 | | |
| 10 | | | 7.6 | 5.0 | | 1.4 | 0.019 | 0.065 | | |
| 11 | | 1.0< | 7.6 | 2.1 | 1.0< | 1.5 | 0.013 | 0.000 | | |
| 12 | | 1.0< | 7.4 | 3.8 | 1.0< | 1.4 | 0.066 | 0.000 | | |
| 13 | | | 7.6 | 4.1 | | 1.8 | 0.051 | 0.071 | | |
| 14 | 2.0< | 1.0< | 7.6 | 5.0 | 1.1< | 1.0 | 0.052 | 0.076 | 180 | 330 |
| 15 | | | 7.3 | 5.0 | | 0.7 | 0.040 | 0.000 | | |
| 16 | | | 7.5 | 5.0 | | 0.8 | 0.044 | 0.064 | | |
| 17 | | | 7.6 | 5.0 | | 0.9 | 0.016 | 0.063 | | |
| 18 | | 1.0< | 7.6 | 5.0 | 1.0< | 0.9 | 0.026 | 0.000 | | |
| 19 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.047 | 0.064 | | |
| 20 | | | 7.6 | 1.0 | | 1.0 | 0.035 | 0.063 | | |
| 21 | | 1.0< | 7.7 | 5.0 | 1.1< | 1.0 | 0.006 | 0.059 | | |
| 22 | | | 7.4 | 5.0 | | 1.0 | 0.039 | 0.065 | | |
| 23 | | | 7.3 | 5.0 | | 1.0 | 0.047 | 0.063 | | |
| 24 | | | 7.4 | 5.0 | | 0.9 | 0.025 | 0.058 | | |
| 25 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.3 | 0.033 | 0.000 | | |
| 26 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.1 | 0.052 | 0.000 | | |
| 27 | | | 6.9 | 3.7 | | 1.8 | 0.065 | 0.000 | | |
| 28 | 2.0< | 1.0< | 7.0 | 5.0 | 1.3 | 1.2 | 0.048 | 0.056 | 60 | 220 |
| 29 | | | 6.9 | 5.0 | | 0.9 | 0.024 | 0.066 | | |
| 30 | | | 7.0 | 1.0 | | 1.0 | 0.037 | 0.060 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 809520
 Orlando, FL 32880-9520

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

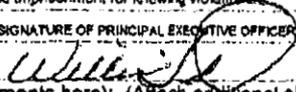
LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, Including Influent
 NO DISCHARGE FROM SITE: []

REPORT: Monthly
 GROUP: Domestic

COUNTY: Seminole MONITORING PERIOD-From: 07/01/2007 To: 07/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type | |
|---|---------------------|----------------------|--------------------------|----------------|------------|-----------------------|-----------------|------|
| Flow | Sample Measurement | 0.041 | mgd | | 0 | 5 Days/Week | Flow-meter | |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | 5 Days/Week | Flow-meter | |
| Flow | Sample Measurement | 0.041 | mgd | | 0 | 5 Days/Week | Flow-meter | |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | 5 Days/Week | Flow-meter | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.2 | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.0< | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.3 | MG/L | 0 | 3 Days/Week | Grab | |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 6.7 | 8.1 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 07/08/09 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

07/01/2007 To:

07/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 2.00 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 100 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 179 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.045 | | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.042 | 0.042 | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 44.2% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period

From: 7/1/07

To: 7/31/07

| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|--------|---------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.1 | 1.0 | | | 1.0 | 0.040 | 0.000 | |
| 2 | | 1.0< | 7.7 | 1.2 | 1.0< | | 1.1 | 0.013 | 0.000 | |
| 3 | | 1.0< | 7.6 | 5.0 | 1.0< | | 1.0 | 0.049 | 0.000 | |
| 4 | | | 7.0 | 5.0 | | | 0.8 | 0.051 | 0.000 | |
| 5 | | 1.0< | 7.1 | 5.0 | 1.3 | | 0.8 | 0.026 | 0.058 | |
| 6 | | | 7.4 | 1.0 | | | 0.7 | 0.048 | 0.065 | |
| 7 | | | 7.5 | 1.0 | | | 0.6 | 0.043 | 0.063 | |
| 8 | | | 7.4 | 5.0 | | | 0.6 | 0.033 | 0.056 | |
| 9 | | 1.0< | 7.8 | 1.0 | 1.0< | | 1.2 | 0.034 | 0.059 | |
| 10 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.5 | 0.056 | 0.065 | |
| 11 | | | 7.4 | 4.8 | | | 0.5 | 0.049 | 0.067 | |
| 12 | 2.0< | 1.0< | 7.1 | 5.0 | 1.0< | | 0.4 | 0.060 | 0.122 | 140 260 |
| 13 | | | 7.0 | 5.0 | | | 0.4 | 0.047 | 0.000 | |
| 14 | | | 7.2 | 5.0 | | | 0.4 | 0.026 | 0.000 | |
| 15 | | | 8.1 | 5.0 | | | 0.4 | 0.011 | 0.067 | |
| 16 | | 1.0< | 7.2 | 4.4 | 1.0< | | 0.4 | 0.054 | 0.063 | |
| 17 | | 1.0< | 6.7 | 2.6 | 1.0< | | 0.4 | 0.073 | 0.000 | |
| 18 | | | 7.6 | 5.0 | | | 0.5 | 0.055 | 0.000 | |
| 19 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.5 | 0.051 | 0.062 | |
| 20 | | | 7.3 | 5.0 | | | 0.5 | 0.039 | 0.060 | |
| 21 | | | 7.3 | 5.0 | | | 0.5 | 0.040 | 0.000 | |
| 22 | | | 7.3 | 5.0 | | | 0.5 | 0.040 | 0.000 | |
| 23 | | 1.0< | 7.7 | 5.0 | 1.0< | | 0.5 | 0.023 | 0.057 | |
| 24 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.5 | 0.044 | 0.060 | |
| 25 | | | 6.9 | 3.1 | | | 0.6 | 0.043 | 0.066 | |
| 26 | 2.0< | 1.0< | 7.7 | 1.1 | 1.0< | | 2.0 | 0.047 | 0.066 | 59 98 |
| 27 | | | 6.9 | 5.0 | | | 0.5 | 0.052 | 0.092 | |
| 28 | | | 7.5 | 5.0 | | | 0.5 | 0.042 | 0.004 | |
| 29 | | | 7.3 | 5.0 | | | 0.5 | 0.026 | 0.000 | |
| 30 | | 1.0< | 7.4 | 5.0 | 1.0< | | 0.5 | 0.037 | 0.055 | |
| 31 | | 1.0< | 7.5 | 4.4 | 1.0< | | 0.5 | 0.041 | 0.068 | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

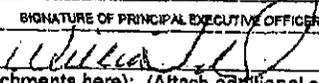
When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

| | | |
|--|---|-----------------|
| PERMITTEE NAME: Florida Water Services Corporation | PERMIT NUMBER: FLA011078 | |
| MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520 | LIMIT: Final | REPORT: Monthly |
| | CLASS SIZE: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: Public Access Irrigation, including Influent | |
| | NO DISCHARGE FROM SITE: [] | |

COUNTY: Seminola MONITORING PERIOD--From: 08/01/2007 To: 08/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|---------------------|--|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.042 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon.Site No. FLW-2 | Permit Measurement | 0.095 (An.Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.038 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon.Site No. FLW-2 | Permit Measurement | Report (Mo.Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.3 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon.Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.0< 5.6 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon.Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.0< | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon.Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 7.0 7.8 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon.Site No. EFA-1 | Permit Measurement | | 6.0 (Min) 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 07/09/06 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) | | | |

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

08/01/2007 To:

08/31/2007

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|-------|--------------------------|--|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detector | Sample Measurement | | | | 100% | | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | 1.0< | | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 2.00 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 67 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 112 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.045 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.039 | 0.040 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 42.5% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 8/1/07 To: 8/31/07

| Code | 80082 (mg/L) | 74055 Fecal Coliform Bacteria (#/100ml) | 00400 pH (S.U.) | 50060 TRC (For Disinfect.) (mg/L) | 00530 TSS (mg/L) | 50060 Turbidity (NTU) | 50050 Flow (MGD) | 50050 Flow (MGD) | 80082 CBOD5 (mg/L) | 00530 TSS (mg/L) |
|-----------|-----------------|--|--------------------|--------------------------------------|---------------------|--------------------------|---------------------|---------------------|-----------------------|---------------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.2 | 5.0 | | 0.7 | 0.047 | 0.000 | | |
| 2 | | 1.0< | 7.3 | 3.8 | 1.0< | 0.6 | 0.040 | 0.058 | | |
| 3 | | | 7.0 | 1.9 | | 0.6 | 0.053 | 0.064 | | |
| 4 | | | 7.4 | 5.0 | | 0.7 | 0.044 | 0.062 | | |
| 5 | | | 7.4 | 1.0 | | 0.5 | 0.019 | 0.055 | | |
| 6 | | 1.0< | 7.7 | 1.0 | 1.0< | 0.7 | 0.022 | 0.000 | | |
| 7 | | 1.0< | 7.5 | 1.0 | 1.0< | 0.6 | 0.046 | 0.062 | | |
| 8 | | | 7.3 | 5.0 | | 0.7 | 0.052 | 0.067 | | |
| 9 | 2.0< | 1.0< | 7.3 | 5.0 | 1.0< | 0.6 | 0.049 | 0.056 | 66 | 93 |
| 10 | | | 7.1 | 3.5 | 1.0< | 0.7 | 0.041 | 0.065 | | |
| 11 | | | 7.2 | 1.5 | | 0.5 | 0.058 | 0.000 | | |
| 12 | | | 7.4 | 5.0 | | 0.5 | 0.021 | 0.000 | | |
| 13 | | 1.0< | 7.5 | 1.0 | 1.0< | 0.6 | 0.016 | 0.000 | | |
| 14 | | 1.0< | 7.5 | 1.0 | 1.0< | 0.7 | 0.037 | 0.064 | | |
| 15 | | | 7.3 | 5.0 | | 0.8 | 0.048 | 0.062 | | |
| 16 | | 1.0< | 7.5 | 4.1 | 1.0< | 1.0 | 0.046 | 0.056 | | |
| 17 | | | 7.3 | 5.0 | | 0.9 | 0.038 | 0.000 | | |
| 18 | | | 7.5 | 1.7 | | 0.9 | 0.048 | 0.000 | | |
| 19 | | | 7.6 | 5.0 | | 0.6 | 0.024 | 0.000 | | |
| 20 | | 1.0 | 7.8 | 4.7 | 1.0< | 1.1 | 0.016 | 0.012 | | |
| 21 | | 1.0< | 7.8 | 2.8 | 1.0< | 1.0 | 0.042 | 0.062 | | |
| 22 | | | 7.7 | 5.0 | | 0.9 | 0.048 | 0.068 | | |
| 23 | 5.6 | 1.0< | 7.0 | 4.0 | 1.0< | 0.9 | 0.058 | 0.060 | 68 | 131 |
| 24 | | | 7.0 | 2.7 | | 0.8 | 0.046 | 0.000 | | |
| 25 | | | 7.1 | 2.5 | | 0.9 | 0.027 | 0.000 | | |
| 26 | | | 7.2 | 3.8 | | 0.9 | 0.025 | 0.000 | | |
| 27 | | 1.0< | 7.8 | 4.6 | 1.0< | 1.1 | 0.054 | 0.058 | | |
| 28 | | 1.0< | 7.0 | 5.0 | 1.0< | 2.0 | 0.055 | 0.066 | | |
| 29 | | | 7.5 | 4.2 | | 0.9 | 0.030 | 0.067 | | |
| 30 | | 1.0< | 7.0 | 5.0 | 1.0< | 0.8 | 0.033 | 0.061 | | |
| 31 | | | 7.2 | 5.0 | | 1.0 | 0.034 | 0.068 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

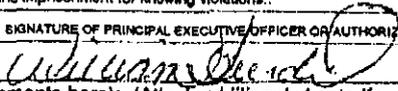
When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

| | | | |
|------------------|---|--------------------------|--|
| PERMITTEE NAME: | Florida Water Services Corporation | PERMIT NUMBER: | FLA011078 |
| MAILING ADDRESS: | P.O. Box 609520 Orlando, FL 32860-9520 | LIMIT: | Final REPORT: Monthly |
| FACILITY: | Florida Central Commerce Park WWTP | CLASS SIZE: | N/A GROUP: Domestic |
| LOCATION: | 140 Hope Street Longwood, FL | MONITORING GROUP NUMBER: | R-001 |
| | | MONITORING GROUP DESC: | Public Access Irrigation, Including Influent |
| | | NO DISCHARGE FROM SITE: | [] |

COUNTY: Seminole MONITORING PERIOD-From: 09/01/2007 To: 09/30/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|----------------------|--|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.040 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.036 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 3.0 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 10.3 12.5 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.0< | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 6.5 7.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 09/10/14 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) | | | |

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD-From: 09/01/2007 To: 09/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 1.80 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 82 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 161 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.044 | | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.042 | 0.041 | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 43.2% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 9/1/07 To: 9/30/07

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0 | | 0.7 | 0.042 | 0.000 | | |
| 2 | | | 7.3 | 5.0 | | 0.6 | 0.022 | 0.057 | | |
| 3 | | | 7.3 | 4.8 | | 0.5 | 0.018 | 0.000 | | |
| 4 | | 1.0< | 7.9 | 5.0 | 1.0< | 0.7 | 0.011 | 0.000 | | |
| 5 | | 1.0< | 7.3 | 5.0 | 1.0< | 0.5 | 0.050 | 0.000 | | |
| 6 | 8.0 | 1.0< | 7.1 | 5.0 | 1.0< | 0.7 | 0.044 | 0.057 | 19 | 118 |
| 7 | | | 6.9 | 5.0 | | 0.6 | 0.043 | 0.000 | | |
| 8 | | | 7.7 | 5.0 | | 0.7 | 0.042 | 0.108 | | |
| 9 | | | 7.1 | 5.0 | | 0.6 | 0.025 | 0.000 | | |
| 10 | | 1.0< | 7.2 | 5.0 | 1.0< | 0.7 | 0.025 | 0.000 | | |
| 11 | | 1.0< | 7.2 | 5.0 | 1.0< | 0.5 | 0.046 | 0.000 | | |
| 12 | | | 7.5 | 1.9 | | 0.5 | 0.048 | 0.030 | | |
| 13 | | 1.0< | 6.6 | 1.5 | 1.0< | 0.6 | 0.058 | 0.000 | | |
| 14 | | | 6.5 | 1.0 | | 0.7 | 0.062 | 0.062 | | |
| 15 | | | 7.8 | 1.0 | | 0.8 | 0.015 | 0.062 | | |
| 16 | | | 7.5 | 4.8 | | 1.0 | 0.022 | 0.000 | | |
| 17 | | 1.0< | 7.8 | 4.8 | 1.0< | 0.9 | 0.025 | 0.056 | | |
| 18 | | 1.0< | 7.6 | 3.7 | 1.0< | 0.9 | 0.047 | 0.032 | | |
| 19 | | | 6.9 | 4.2 | | 0.6 | 0.066 | 0.069 | | |
| 20 | 12.5 | 1.0< | 7.0 | 4.0 | 1.0< | 1.1 | 0.064 | 0.001 | 144 | 204 |
| 21 | | | 6.9 | 4.7 | | 1.0 | 0.074 | 0.000 | | |
| 22 | | | 7.4 | 3.5 | | 0.9 | 0.053 | 0.061 | | |
| 23 | | | 7.5 | 5.0 | | 0.9 | 0.033 | 0.058 | | |
| 24 | | 1.0< | 7.8 | 5.0 | 1.0< | 0.8 | 0.017 | 0.056 | | |
| 25 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.9 | 0.049 | 0.064 | | |
| 26 | | | 7.5 | 5.0 | | 0.9 | 0.050 | 0.066 | | |
| 27 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.1 | 0.052 | 0.057 | | |
| 28 | | | 7.2 | 5.0 | | 2.0 | 0.053 | 0.062 | | |
| 29 | | | 7.3 | 5.0 | | 0.9 | 0.059 | 0.060 | | |
| 30 | | | 7.8 | 5.0 | | 0.8 | 0.032 | 0.056 | | |
| 31 | | | | | | 1.0 | | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 14198 Roger Gray
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

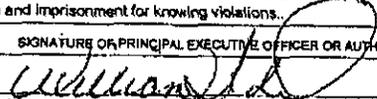
When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

| | | |
|--|--|---|
| PERMITTEE NAME: Florida Water Services Corporation | PERMIT NUMBER: FLA011078 | Final REPORT: Monthly |
| MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520 | LIMIT: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | CLASS SIZE: MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: NO DISCHARGE FROM SITE: | Public Access Irrigation, Including Influent [] |

COUNTY: Seminole MONITORING PERIOD--From: 10/01/2007 To: 10/31/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.040 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.042 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.9 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min.) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 07/11/19 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From:

10/01/2007 To:

10/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | 100% | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code: 51005 Mon. Site No. EFA-1 | Permit Measurement | | 75 (Min) | #/100mL | 0 | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code: 74055 Mon. Site No. EFA-1 | Permit Measurement | | 25 (Max) | #/100mL | 0 | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code: 50080 Mon. Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | 0 | Continuous | analyzer |
| Turbidity | Sample Measurement | | 1.90 | NTU | 0 | Continuous | analyzer |
| PARM Code: 00070 Mon. Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | 0 | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 87 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | 0 | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 80 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 00530 Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | 0 | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.044 | | MG/D | 0 | 5 Days/Week | |
| PARM Code: 50050 Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | 0 | 5 Days/Week | |
| Flow | Sample Measurement | 0.045 | 0.042 | MG/D | 0 | 5 Days/Week | |
| PARM Code: 50050 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | 0 | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 44.2% | | 0 | Percent | Calculated |
| PARM Code: 00180 Mon. Site No. FLW-1 | Permit Measurement | | Report | | 0 | Percent | Calculated |
| | Sample Measurement | | | | | | |
| | Permit Measurement | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 10/1/07 To: 10/31/07

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | 1.0< | 7.4 | 1.0 | 1.0< | 1.9 | 0.066 | 0.000 | | |
| 2 | | | 7.8 | 1.0 | | 1.9 | 0.011 | 0.060 | | |
| 3 | | | 7.7 | 1.0 | | 1.9 | 0.013 | 0.000 | | |
| 4 | 2.0< | 1.0< | 8.2 | 5.0 | 1.0< | 0.9 | 0.050 | 0.000 | 130 | 110 |
| 5 | | 1.0< | 7.6 | 5.0 | 1.0< | 1.9 | 0.051 | 0.000 | | |
| 6 | | | 7.5 | 5.0 | | 0.9 | 0.045 | 0.061 | | |
| 7 | | | 7.7 | 5.0 | | 0.8 | 0.028 | 0.056 | | |
| 8 | | 1.0< | 7.9 | 5.0 | 1.1< | 1.0 | 0.037 | 0.058 | | |
| 9 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.063 | 0.000 | | |
| 10 | | | 7.1 | 5.0 | | 1.1 | 0.048 | 0.068 | | |
| 11 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.059 | 0.059 | | |
| 12 | | | 7.2 | 1.0 | | 0.7 | 0.052 | 0.063 | | |
| 13 | | | 7.0 | 5.0 | | 0.7 | 0.059 | 0.065 | | |
| 14 | | | 7.4 | 5.0 | | 0.8 | 0.030 | 0.053 | | |
| 15 | | 1.0< | 7.6 | 5.0 | 1.1< | 1.1 | 0.036 | 0.060 | | |
| 16 | | 1.0< | 7.5 | 5.0 | 1.1< | 1.2 | 0.056 | 0.000 | | |
| 17 | | | 7.2 | 5.0 | | 0.9 | 0.064 | 0.000 | | |
| 18 | 2.0< | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.058 | 0.058 | 43 | 50 |
| 19 | | | 7.1 | 5.0 | | 1.0 | 0.052 | 0.065 | | |
| 20 | | | 7.3 | 5.0 | | 1.0 | 0.051 | 0.062 | | |
| 21 | | | 7.5 | 5.0 | | 0.9 | 0.040 | 0.019 | | |
| 22 | | 1.0< | 8.0 | 2.8 | 1.1< | 1.2 | 0.023 | 0.000 | | |
| 23 | | 1.0< | 7.3 | 4.5 | 1.0< | 1.2 | 0.062 | 0.065 | | |
| 24 | | | 7.1 | 5.0 | | 1.2 | 0.054 | 0.066 | | |
| 25 | | 1.0< | 7.2 | 5.0 | 1.1< | 1.0 | 0.054 | 0.060 | | |
| 26 | | | 7.3 | 5.0 | | 0.8 | 0.055 | 0.064 | | |
| 27 | | | 7.0 | 5.0 | | 0.8 | 0.059 | 0.000 | | |
| 28 | | | 7.2 | 5.0 | | 1.4 | 0.022 | 0.060 | | |
| 29 | | 1.0< | 7.7 | 5.0 | 1.1< | 1.4 | 0.031 | 0.061 | | |
| 30 | | 1.0< | 7.4 | 5.0 | 1.0< | 1.5 | 0.032 | 0.063 | | |
| 31 | | | 7.1 | 5.0 | | 1.9 | 0.060 | 0.069 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558
 Day Shift Operator Class: C Certification No.: 14198
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184

Charles Harris

Roger Gray

William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

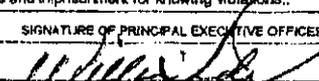
When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

| | | | |
|------------------|---|--------------------------|--|
| PERMITTEE NAME: | Florida Water Services Corporation | PERMIT NUMBER: | FLA011078 |
| MAILING ADDRESS: | P.O. Box 809520 Orlando, FL 32860-9520 | LIMIT: | Final |
| | | CLASS SIZE: | N/A |
| FACILITY: | Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: | R-001 |
| LOCATION: | 140 Hope Street Longwood, FL | MONITORING GROUP DESC: | Public Access Irrigation, including Influent |
| | | NO DISCHARGE FROM SITE: | [] |

COUNTY: Seminole MONITORING PERIOD-From: 11/01/2007 To: 11/30/2007

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.039 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Mon. Site No: FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.038 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Mon. Site No: FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.9 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No: EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No: EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.0< | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 Mon. Site No: EPB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 6.6 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 Mon. Site No: EFA-1 | Permit Measurement | | | 6.0 (Min.) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel / Sen. Facilities Operator |  | 407-339-5424 | 07/12/14 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

11/01/2007 To:

11/30/2007

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|-------|--------------------------|--|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | | 100% | | #/100mL | | 3 Days/Week | Grab |
| PARM Code: 51005 Mon. Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | 1.0< | | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code: 74055 Mon. Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code: 50060 Mon. Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 1.90 | | NTU | 0 | Continuous | analyzer |
| PARM Code: 00070 Mon. Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 61 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 122 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 00530 Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.043 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code: 50050 Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.043 | 0.043 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code: 50050 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMAOF/Permitted Capacity) X 100 | Sample Measurement | | | | 45.3% | | | 0 | Percent | Calculated |
| PARM Code: 00180 Mon. Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 11/1/07 To: 11/30/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Mon.Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | 50050 | 50050 | 80082 | 00530 |
| | | | | | | | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | 2.0< | 1.0< | 6.9 | 5.0 | 1.1< | | 0.071 | 0.000 | 38 | 74 |
| 2 | | | 7.2 | 5.0 | | | 0.054 | 0.068 | | |
| 3 | | | 7.5 | 5.0 | | | 0.050 | 0.061 | | |
| 4 | | | 7.7 | 5.0 | | | 0.020 | 0.058 | | |
| 5 | | 1.0< | 7.7 | 5.0 | 1.1< | | 0.018 | 0.055 | | |
| 6 | | 1.0< | 7.3 | 5.0 | 1.1 | | 0.060 | 0.087 | | |
| 7 | | | 6.8 | 5.0 | | | 0.059 | 0.000 | | |
| 8 | | 1.0< | 7.3 | 5.0 | 1.0< | | 0.051 | 0.000 | | |
| 9 | | | 7.2 | 5.0 | | | 0.062 | 0.068 | | |
| 10 | | | 7.2 | 5.0 | | | 0.049 | 0.066 | | |
| 11 | | | 7.3 | 5.0 | | | 0.013 | 0.000 | | |
| 12 | | 1.0< | 7.8 | 5.0 | 1.1< | | 0.008 | 0.000 | | |
| 13 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.050 | 0.067 | | |
| 14 | | | 7.0 | 5.0 | | | 0.053 | 0.070 | | |
| 15 | 2.0< | 1.0< | 6.6 | 1.4 | 1.1< | | 0.053 | 0.000 | 110 | 210 |
| 16 | | | 6.6 | 4.2 | | | 0.058 | 0.071 | | |
| 17 | | | 7.5 | 5.0 | | | 0.052 | 0.069 | | |
| 18 | | | 6.8 | 5.0 | | | 0.019 | 0.062 | | |
| 19 | | 1.0< | 7.8 | 5.0 | 1.0< | | 0.012 | 0.061 | | |
| 20 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.044 | 0.000 | | |
| 21 | | | 7.8 | 5.0 | | | 0.059 | 0.000 | | |
| 22 | | | 7.7 | 5.0 | | | 0.035 | 0.063 | | |
| 23 | | 1.0< | 7.5 | 5.0 | 1.0< | | 0.031 | 0.065 | | |
| 24 | | | 7.9 | 5.0 | | | 0.037 | 0.064 | | |
| 25 | | | 7.8 | 5.0 | | | 0.014 | 0.000 | | |
| 26 | | 1.0< | 7.7 | 1.0 | 1.0< | | 0.017 | 0.000 | | |
| 27 | | 1.0< | 7.7 | 1.0 | 1.0< | | 0.056 | 0.013 | | |
| 28 | | | 7.4 | 5.0 | | | 0.058 | 0.000 | | |
| 29 | 2.0< | 1.0< | 6.9 | 1.8 | 1.0< | | 0.060 | 0.060 | 34 | 82 |
| 30 | | | 6.8 | 5.0 | | | 0.052 | 0.000 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558
 Day Shift Operator Class: C Certification No.: 14198
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184

Charles Harris
 Roger Gray
 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

REPORT: Monthly
 GROUP: Domestic

COUNTY: Seminole

MONITORING PERIOD--From: 12/01/2007 To: 12/31/2007

| Parameter | Sample Measurement | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|--|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| | | | | | | | | | | |
| Flow | Sample Measurement | 0.039 | | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.056 | | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.9 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0< | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 1.0< | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.7 | 7.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|-------------------------------|-----------------------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen. Facilities Operator | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William Trendel</i> | TELEPHONE NO. 407-339-5424 | DATE (YY/MM/DD) 08/01/10 |
|---|--|-------------------------------|-----------------------------|

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From:

12/01/2007 To:

12/31/2007

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|-------|--------------------------|----------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | | 100% | | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 1.90 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 53 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 117 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.043 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.043 | 0.043 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 51.6% | | | 0 | Percent | Calculated |
| PARM Code, 00160 I Mon. Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 12/1/07 To: 12/31/07

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|----------------|-----------------------------------|----------------|-----------------------------|----------------|-----------------|----------------|----------------|-----------------|-----------------|
| Mon. Site | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
| 1 | | | 6.9 | 5.0 | | | 0.068 | 0.000 | | |
| 2 | | | 7.1 | 5.0 | | | 0.028 | 0.062 | | |
| 3 | | 1.0< | 7.5 | 5.0 | 1.0< | | 0.035 | 0.097 | | |
| 4 | | 1.0< | 7.1 | 5.0 | 1.0< | | 0.052 | 0.064 | | |
| 5 | | | 7.1 | 5.0 | | | 0.055 | 0.000 | | |
| 6 | | 1.0< | 7.3 | 5.0 | 1.0< | | 0.055 | 0.060 | | |
| 7 | | | 7.4 | 5.0 | | | 0.059 | 0.059 | | |
| 8 | | | 7.1 | 5.0 | | | 0.052 | 0.065 | | |
| 9 | | | 7.1 | 5.0 | | | 0.037 | 0.062 | | |
| 10 | | 1.0< | 7.1 | 4.3 | 1.0< | | 0.021 | 0.000 | | |
| 11 | | 1.0< | 7.2 | 5.0 | 1.0< | | 0.049 | 0.010 | | |
| 12 | | | 6.7 | 2.0 | | | 0.070 | 0.067 | | |
| 13 | 2.4Y | 1.0< | 7.0 | 2.2 | 1.0< | | 0.057 | 0.066 | 36 | 74 |
| 14 | | | 7.1 | 1.2 | | | 0.094 | 0.053 | | |
| 15 | | | 7.1 | 2.1 | | | 0.109 | 0.045 | | |
| 16 | | | 7.3 | 5.0 | | | 0.051 | 0.039 | | |
| 17 | | 1.0< | 7.6 | 1.3 | 1.0< | | 0.075 | 0.066 | | |
| 18 | | 1.0< | 7.5 | 1.2 | 1.0< | | 0.111 | 0.070 | | |
| 19 | | | 7.6 | 1.5 | | | 0.103 | 0.081 | | |
| 20 | 2.0< | 1.0< | 7.0 | 1.2 | 1.0< | | 0.104 | 0.067 | | |
| 21 | | | 6.9 | 1.0 | | | 0.092 | 0.098 | | |
| 22 | | | 7.1 | 5.0 | | | 0.115 | 0.098 | | |
| 23 | | | 7.0 | 5.0 | | | 0.070 | 0.060 | | |
| 24 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.066 | 0.148 | | |
| 25 | | | 7.5 | 5.0 | | | 0.045 | 0.072 | | |
| 26 | | | 7.7 | 5.0 | | | 0.020 | 0.000 | | |
| 27 | | 1.0< | 7.6 | 5.0 | 1.0< | | 0.054 | 0.054 | 70 | 160 |
| 28 | 2.0< | 1.0< | 7.3 | 5.0 | 1.0< | | 0.042 | 0.062 | | |
| 29 | | | 7.9 | 1.0 | | | 0.054 | 0.058 | | |
| 30 | | | 7.8 | 1.0 | | | 0.014 | 0.050 | | |
| 31 | | 1.0< | 7.7 | 5.0 | 1.0< | | 0.016 | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 14198 Roger Gray
 Day Shift Operator Class: _____ Certification No.: _____
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

| | | |
|--|---|-----------------|
| PERMITTEE NAME: Aqua Utilities, Florida | PERMIT NUMBER: FLA011078 | |
| MAILING ADDRESS: 140 Hope Street Longwood, FL 32750 | LIMIT: Final | REPORT: Monthly |
| | CLASS SIZE: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: Public Access Irrigation, including influent | |
| | NO DISCHARGE FROM SITE: [] | |

COUNTY: Seminole MONITORING PERIOD—From: 01/01/2006 To: 01/31/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|----------------------|-------|--------------------------|----------------|------------|-----------------------|-------------|
| Flow | 0.053 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Y Mon. Site No. FLW-2 | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | 0.030 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 I Mon. Site No. FLW-2 | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | | | 2.6 | | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Y Mon. Site No. EFA-1 | | | 20.0 (An. Avg.) | | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | | | 2U | 2U | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 I Mon. Site No. EFA-1 | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | | Every Two Weeks | Grab |
| Solids, Total Suspended | | | 1.1 | | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 I Mon. Site No. EPB-1 | | | 5.0 (Max.) | | | 3 Days/Week | Grab |
| pH | | | 6.9 | 7.9 | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 I Mon. Site No. EPA-1 | | | 6.0 (Min) | 8.5 (Max) | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel | <i>William Trendel</i> | 407-339-5424 | 06/02/10 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DOCUMENT NUMBER-DATE

04332 MAY 22 08

FPCSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

01/01/2006 To:

01/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type | |
|--|--------------------|---------------------|---------------------|--------------------------|----------|------------|-----------------------|-------------|------|
| Coliform, Fecal, % less than detector | Sample Measurement | | | 100% | #/100mL | 0 | 3 Days/Week | Grab | |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab | |
| Coliform, Fecal | Sample Measurement | | | | 1U | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MG/L | 0 | Continuous | analyzer | |
| PARM Code, 50080 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer | |
| Turbidity | Sample Measurement | | | 1.50 | NTU | 0 | Continuous | analyzer | |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 89 | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab | |
| Solids, Total Suspended | Sample Measurement | | | 104 | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab | |
| Flow | Sample Measurement | 0.055 | | MG/D | | 0 | 5 Days/Week | | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | 5 Days/Week | | |
| Flow | Sample Measurement | 0.043 | 0.055 | MG/D | | 0 | 5 Days/Week | | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | | |
| Percent Capacity, (TMADP/Permitted Capacity) X 100 | Sample Measurement | | | 57.9% | | 0 | Percent | Calculated | |
| PARM Code, 00180 J Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated | |
| | Sample Measurement | | | | | | | | |
| | Permit Measurement | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 1/1/06 To: 1/31/06

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------------|-----------------|--|--------------|-----------------------------------|------------|--------------------|------------|------------|-----------------|------------|
| | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.8 | 5.0 | 1.1 | 0.9 | 0.062 | 0.000 | | |
| 2 | | | 7.1 | 5.0 | | 1 | 0.024 | 0.000 | | |
| 3 | | 1U | 7.2 | 1.0 | 1U | 1.2 | 0.037 | 0.000 | | |
| 4 | | 1U | 7.4 | 5.0 | | 1.2 | 0.069 | 0.073 | | |
| 5 | | 1U | 7.0 | 5.0 | 1.1 | 1.2 | 0.048 | 0.000 | | |
| 6 | | | 7.8 | 5.0 | | 1.3 | 0.058 | 0.084 | | |
| 7 | | | 6.9 | 5.0 | | 1.1 | 0.029 | 0.000 | | |
| 8 | | | 7.8 | 1.2 | | 1.1 | 0.029 | 0.000 | | |
| 9 | | 1U | 7.7 | 1.3 | 1U | 1.2 | 0.060 | 0.000 | | |
| 10 | | 1U | 7.8 | 5.0 | 1U | 1 | 0.048 | 0.000 | | |
| 11 | | | 7.2 | 5.0 | | 0.95 | 0.049 | 0.000 | | |
| 12 | 2U | 1U | 7.0 | 5.0 | 1U | 0.8 | 0.057 | 0.086 | 60 | 57 |
| 13 | | | 7.0 | 5.0 | | 0.9 | 0.053 | 0.068 | | |
| 14 | | | 7.3 | 5.0 | | 0.82 | 0.023 | 0.071 | | |
| 15 | | | 7.4 | 5.0 | | 0.75 | 0.039 | 0.000 | | |
| 16 | | 1U | 7.5 | 5.0 | 1U | 1.2 | 0.050 | 0.000 | | |
| 17 | | 1U | 7.5 | 5.0 | 1U | 0.95 | 0.048 | 0.123 | | |
| 18 | | | 7.6 | 5.0 | | 0.95 | 0.061 | 0.072 | | |
| 19 | | 1U | 7.4 | 1.0 | 1U | 0.9 | 0.059 | 0.000 | | |
| 20 | | | 7.1 | 1.0 | | 0.8 | 0.061 | 0.000 | | |
| 21 | | | 6.9 | 5.0 | | 0.7 | 0.027 | 0.071 | | |
| 22 | | | 7.1 | 5.0 | | 0.65 | 0.040 | 0.000 | | |
| 23 | | 1U | 7.3 | 5.0 | 1.1 | 0.75 | 0.051 | 0.000 | | |
| 24 | | 1U | 7.0 | 1.8 | 1U | 0.79 | 0.077 | 0.000 | | |
| 25 | | | 7.1 | 1.6 | | 0.77 | 0.061 | 0.000 | | |
| 26 | 2U | 1U | 7.1 | 1.0 | 1U | 0.8 | 0.016 | 0.074 | 78 | 150 |
| 27 | | | 7.4 | 5.0 | | 0.9 | 0.023 | 0.071 | | |
| 28 | | | 7.3 | 1.4 | | 1.2 | 0.009 | 0.073 | | |
| 29 | | | 7.3 | 1.3 | | 1.5 | 0.016 | 0.071 | | |
| 30 | | 1U | 7.0 | 5.0 | 1U | 1.2 | 0.058 | 0.000 | | |
| 31 | | 1U | 6.9 | 5.0 | 1U | 1 | 0.045 | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|--------------------|--|---|
| Day Shift Operator | Class: <u> </u> | Certification No.: <u> </u> | <u> </u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

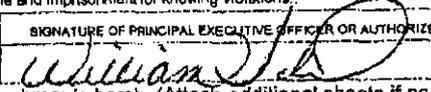
When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

| | | |
|--|---|-----------------|
| PERMITTEE NAME: Aqua utilities, FI | PERMIT NUMBER: FLA011078 | |
| MAILING ADDRESS: 140 Hope Street Longwood, FL 32750 | LIMIT: Final | REPORT: Monthly |
| | CLASS SIZE: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: Public Access Irrigation, Including Influent | |
| | NO DISCHARGE FROM SITE: [] | |

COUNTY: Seminole MONITORING PERIOD--From: 02/01/2006 To: 02/28/2008

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.052 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.042 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.6 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2U | 2U | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.3 | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 6.9 | 8.0 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Facilities Operator |  | 407-339-5424 | 06/03/10 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|-------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detector | Sample Measurement | | | | | | #/100mL | 1 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1U | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 1.90 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 180 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 340 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.055 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.046 | 0.051 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 53.3% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 2/1/06 To: 2/28/06

| Code | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Mon. Site | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 6.9 | 5.0 | | 1.3 | 0.072 | 0.041 | | |
| 2 | | 1U | 6.9 | 5.0 | 1.1 | 1.2 | 0.051 | 0.071 | | |
| 3 | | | 7.0 | 5.0 | | 1.2 | 0.069 | 0.000 | | |
| 4 | | | 6.9 | 5.0 | | 1.1 | 0.037 | 0.071 | | |
| 5 | | | 7.1 | 5.0 | | 1.1 | 0.018 | 0.070 | | |
| 6 | | 1U | 7.6 | 5.0 | 1U | 1.4 | 0.061 | 0.070 | | |
| 7 | | 1U | 7.4 | 5.0 | 1U | 1.4 | 0.049 | 0.071 | | |
| 8 | | | 7.4 | 5.0 | | 1.3 | 0.054 | 0.072 | | |
| 9 | 2U | 1U | 7.3 | 5.0 | 1.3 | 1.8 | 0.130 | 0.000 | 200 | 430 |
| 10 | | | 6.9 | 1.0 | | 1.9 | 0.050 | 0.000 | | |
| 11 | | | 7.2 | 5.0 | | 1.3 | 0.024 | 0.000 | | |
| 12 | | | 7.4 | 3.8 | | 1 | 0.049 | 0.000 | | |
| 13 | | 1U | 7.1 | 3.4 | 1U | 1.1 | 0.056 | 0.111 | | |
| 14 | | 1U | 7.1 | 1.7 | 1U | 1 | 0.053 | 0.000 | | |
| 15 | | | 7.4 | 4.3 | | 1.1 | 0.049 | 0.068 | | |
| 16 | | 1U | 7.1 | 2.8 | 1U | 1.3 | 0.056 | 0.068 | | |
| 17 | | | 6.9 | 1.6 | | 1.2 | 0.039 | 0.066 | | |
| 18 | | | 6.9 | 5.0 | | 0.95 | 0.032 | 0.068 | | |
| 19 | | | 7.0 | 5.0 | | 1 | 0.026 | 0.000 | | |
| 20 | | 1U | 7.0 | 1.5 | 1U | 1 | 0.058 | 0.000 | | |
| 21 | | 1U | 7.1 | 1.0 | 1U | 1.2 | 0.046 | 0.065 | | |
| 22 | | | 7.2 | 1.4 | | 1 | 0.048 | 0.068 | | |
| 23 | 2U | 1U | 7.2 | 1.6 | 1U | 1.3 | 0.044 | 0.064 | 160 | 250 |
| 24 | | | 7.3 | 1.0 | | 1.2 | 0.068 | 0.000 | | |
| 25 | | | 7.4 | 5.0 | | 1.2 | 0.031 | 0.000 | | |
| 26 | | | 7.4 | 5.0 | | 1.2 | 0.067 | 0.000 | | |
| 27 | | 1U | 8.0 | 5.0 | 1U | 1.3 | 0.060 | 0.058 | | |
| 28 | | 1U | 7.8 | 5.0 | 1U | 1.3 | 0.050 | 0.060 | | |
| 29 | | | | | | | 0.000 | 0.000 | | |
| 30 | | | | | | | 0.000 | 0.000 | | |
| 31 | | | | | | | 0.000 | 0.000 | | |

PLANT STAFFING:

Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3318 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

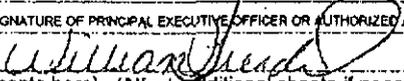
LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

COUNTY: Seminola MONITORING PERIOD - From: 03/01/2006 To: 03/31/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type | | |
|---|---------------------|----------------------|--------------------------|----------------|------------|-----------------------|-----------------|-----------------|------|
| Flow | Sample Measurement | 0.050 | | mgd | | 0 | 5 Days/Week | Flow-meter | |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | | mgd | | | 5 Days/Week | Flow-meter | |
| Flow | Sample Measurement | 0.031 | | mgd | | 0 | 5 Days/Week | Flow-meter | |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | | mgd | | | 5 Days/Week | Flow-meter | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2U | | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.6 | 3.2 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) | 60.0 (Max.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.1 | | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 7.0 | 8.0 | | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | 8.5 (Max) | | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel |  | 407-339-5424 | 06/04/17 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

03/01/2006 To:

03/31/2006

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|-------|--------------------------|----------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | | | | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1U | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 1.60 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 82 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 204 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | | Report (Mo.Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.054 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.042 | 0.044 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 46.3% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 3/1/06 To: 3/31/06

| Code Mon.Site | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|------------------|-----------------|--|----------------|-----------------------------------|----------------|--------------------|----------------|----------------|-----------------|-----------------|
| 1 | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
| 2 | | 1U | 7.1 | 5.0 | 1U | 1 | 0.000 | 0.060 | | |
| 3 | | | 7.2 | 5.0 | | 0.8 | 0.037 | 0.053 | | |
| 4 | | | 7.4 | 5.0 | | 0.9 | 0.089 | 0.055 | | |
| 5 | | | 7.0 | 5.0 | | 0.65 | 0.048 | 0.054 | | |
| 6 | | 1U | 8.0 | 5.0 | 1U | 1.2 | 0.058 | 0.000 | | |
| 7 | | 1U | 6.9 | 1.6 | 1U | 1.2 | 0.029 | 0.048 | | |
| 8 | | | 7.7 | 5.0 | | 1.4 | 0.029 | 0.049 | | |
| 9 | 2U | 1U | 7.1 | 2.5 | 1U | 1.2 | 0.060 | 0.047 | 130 | 360 |
| 10 | | | 7.2 | 5.0 | | 0.9 | 0.048 | 0.046 | | |
| 11 | | | 7.4 | 5.0 | | 0.9 | 0.049 | 0.046 | | |
| 12 | | | 7.7 | 5.0 | | 0.8 | 0.057 | 0.000 | | |
| 13 | | 1U | 7.7 | 1.2 | 1U | 1.3 | 0.053 | 0.000 | | |
| 14 | | 1U | 7.3 | 3.6 | 1U | 1.2 | 0.023 | 0.054 | | |
| 15 | | | 7.4 | 3.5 | | 1.1 | 0.039 | 0.000 | | |
| 16 | | 1U | 7.4 | 3.5 | 1.1 | 1.6 | 0.050 | 0.049 | | |
| 17 | | | 7.4 | 5.0 | | 1.5 | 0.048 | 0.044 | | |
| 18 | | | 7.2 | 5.0 | | 1.4 | 0.061 | 0.045 | | |
| 19 | | | 7.3 | 5.0 | | 1.3 | 0.059 | 0.045 | | |
| 20 | | 1U | 7.4 | 5.0 | 1U | 1.3 | 0.061 | 0.000 | | |
| 21 | | 1U | 7.4 | 2.6 | 1U | 1 | 0.027 | 0.000 | | |
| 22 | | | 7.4 | 2.3 | | 1 | 0.040 | 0.047 | | |
| 23 | 3.2 | 1U | 7.3 | 1.0 | 1U | 0.9 | 0.051 | 0.046 | 34 | 47 |
| 24 | | | 7.9 | 5.0 | | 1.1 | 0.077 | 0.045 | | |
| 25 | | | 7.6 | 5.0 | | 1 | 0.061 | 0.043 | | |
| 26 | | | 7.5 | 5.0 | | 1 | 0.016 | 0.048 | | |
| 27 | | 1U | 8.0 | 5.0 | 1U | 1.2 | 0.023 | 0.000 | | |
| 28 | | 1U | 7.8 | 2.5 | 1U | 1.6 | 0.009 | 0.000 | | |
| 29 | | | 7.0 | 1.2 | | 1.4 | 0.016 | 0.043 | | |
| 30 | | 1U | 7.2 | 1.0 | 1U | 1.3 | 0.058 | 0.044 | | |
| 31 | | | 7.1 | 1.0 | | 1.3 | 0.045 | 0.041 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9556
 Day Shift Operator Class: C Certification No.: 11993
 Lead Operator Class: A Certification No.: 9184

Charles Harris

AJ Gerardo

William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Aqua utilities, FI
 MAILING ADDRESS: 140 Hope Street
 Longwood, FI. 32750

PERMIT NUMBER:

FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

LIMIT:
 CLASS SIZE:
 MONITORING GROUP NUMBER:
 MONITORING GROUP DESC:
 NO DISCHARGE FROM SITE:

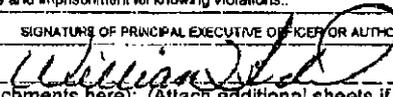
Final REPORT: Monthly
 N/A GROUP: Domestic
 R-001
 Public Access Irrigation, including Influent
 []

COUNTY: Seminole

MONITORING PERIOD-From: 04/01/2006 To: 04/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.049 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.033 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2U | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2U | 2U | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 2.5 | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | 8.2 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|---|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel/Senior Facilities Operator |  | 407-339-5424 | 04/05/15 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

04/01/2006 To:

04/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0 | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 4.30 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 83 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 175 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.053 | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | MG/D | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.036 | 0.041 MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 43.5% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 4/1/06 To: 4/30/06

| Code Mon.Site | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|
| 1 | | | 7.4 | 5.0 | | 0.9 | 0.025 | 0.042 | | |
| 2 | | | 7.4 | 5.0 | | 0.8 | 0.047 | 0.041 | | |
| 3 | | 1U | 7.3 | 1.9 | 1U | 0.95 | 0.040 | 0.044 | | |
| 4 | | 1U | 7.3 | 1.4 | 1U | 0.9 | 0.053 | 0.045 | | |
| 5 | | | 7.0 | 1.0 | | 1.1 | 0.056 | 0.000 | | |
| 6 | 2U | 1U | 7.1 | 2.2 | 1U | 1 | 0.044 | 0.000 | 90 | 210 |
| 7 | | | 7.3 | 5.0 | | 1.1 | 0.046 | 0.000 | | |
| 8 | | | 7.1 | 5.0 | | 0.095 | 0.017 | 0.051 | | |
| 9 | | | 7.2 | 5.0 | | 0.8 | 0.016 | 0.042 | | |
| 10 | | 1U | 7.3 | 5.0 | 1U | 1.1 | 0.053 | 0.042 | | |
| 11 | | 1U | 7.4 | 5.0 | 2.5 | 1 | 0.049 | 0.042 | | |
| 12 | | | 7.4 | 5.0 | | 1.1 | 0.057 | 0.051 | | |
| 13 | | 1U | 7.4 | 5.0 | 1U | 1.2 | 0.056 | 0.044 | | |
| 14 | | | 7.4 | 1.0 | | 2 | 0.052 | 0.040 | | |
| 15 | | | 7.5 | 5.0 | | 1.7 | 0.009 | 0.000 | | |
| 16 | | | 7.5 | 5.0 | | 1.1 | 0.010 | 0.046 | | |
| 17 | | 1U | 8.0 | 5.0 | 1U | 1.1 | 0.030 | 0.046 | | |
| 18 | | 1U | 7.8 | 1.6 | 1U | 4.3 | 0.012 | 0.003 | | |
| 19 | | | 7.7 | 2.9 | | 3.7 | 0.043 | 0.046 | | |
| 20 | 2U | 1U | 7.4 | 3.5 | 1U | 1.6 | 0.048 | 0.047 | 76 | 140 |
| 21 | | | 7.3 | 1.5 | | 1.4 | 0.037 | 0.040 | | |
| 22 | | | 7.6 | 1.0 | | 1.1 | 0.027 | 0.045 | | |
| 23 | | | 8.2 | 1.0 | | 1.1 | 0.090 | 0.000 | | |
| 24 | | 1U | 7.8 | 5.0 | 1U | 1.2 | 0.045 | 0.000 | | |
| 25 | | 1U | 7.9 | 5.0 | 1U | 1 | 0.056 | 0.046 | | |
| 26 | | | 7.8 | 3.1 | | 0.9 | 0.054 | 0.048 | | |
| 27 | | 1U | 7.8 | 5.0 | 1U | 0.9 | 0.050 | 0.045 | | |
| 28 | | | 7.9 | 1.0 | | 2 | 0.041 | 0.043 | | |
| 29 | | | 7.6 | 1.0 | | 0.8 | 0.016 | 0.045 | | |
| 30 | | | 7.6 | 5.0 | | 0.75 | 0.019 | 0.000 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 McGuire Boulevard Suite 232, Orlando, Florida 32803-3767

| | | |
|--|---|-----------------------|
| PERMITTEE NAME: Aqua Utilities, Florida | PERMIT NUMBER: FLA011078 | Final REPORT: Monthly |
| MAILING ADDRESS: 140 Hope Street Longwood, FL 32750 | LIMIT: CLASS SIZE: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: Public Access Irrigation, Including Influent | [] |
| COUNTY: Seminole | MONITORING PERIOD--From: 06/01/2006 To: 05/31/2006 | |

| Parameter | Sample Measurement | Quantity of Loading | | Units | Quality or Concentration | | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|--|-------|--------------------------|----------------|--|-------|------------|-----------------------|-------------|
| | | | | | | | | | | | |
| Flow | Sample Measurement | 0.048 | | mgd | | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | | mgd | | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.031 | | mgd | | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | | mgd | | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2U | | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | | 20.0 (An. Avg.) | | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | 2U | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 1.2 | | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 I Mon. Site No. EFB-1 | Permit Measurement | | | | 5.0 (Max.) | | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.3 | 8.2 | | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | | 6.0 (Min) | 8.5 (Max) | | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/M/DO) |
| William Trendel | <i>William Trendel</i> | 407-339-5424 | 06/06/16 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|----------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | 1U | | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | | 0 | Continuous | analyzer |
| PARM Code, 50080 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 1.90 | | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 64 | | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 145 | | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.051 | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.040 | 0.044 | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 46.3% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 5/1/06 To: 5/31/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | 1U | 7.6 | 1.0 | 1U | 0.8 | 0.045 | 0.046 | | |
| 2 | | 1U | 7.1 | 5.0 | 1U | 1 | 0.049 | 0.047 | | |
| 3 | | | 7.2 | 5.0 | | 0.9 | 0.037 | 0.047 | | |
| 4 | 2U | 1U | 7.4 | 5.0 | | 0.9 | 0.069 | 0.047 | 64 | 99 |
| 5 | | | 7.0 | 5.0 | | 0.7 | 0.048 | 0.040 | | |
| 6 | | | 7.6 | 5.0 | | 0.55 | 0.058 | 0.000 | | |
| 7 | | | 6.9 | 5.0 | | 0.65 | 0.029 | 0.044 | | |
| 8 | | 1U | 8.0 | 5.0 | 1U | 1.4 | 0.029 | 0.000 | | |
| 9 | | 1U | 7.5 | 5.0 | 1.2 | 1.3 | 0.060 | 0.000 | | |
| 10 | | | 7.5 | 5.0 | | 1.1 | 0.048 | 0.000 | | |
| 11 | | 1U | 7.4 | 5.0 | 1U | 1 | 0.049 | 0.000 | | |
| 12 | | | 7.5 | 5.0 | | 0.8 | 0.057 | 0.089 | | |
| 13 | | | 7.8 | 5.0 | | 0.7 | 0.053 | 0.050 | | |
| 14 | | | 7.6 | 5.0 | | 0.6 | 0.023 | 0.048 | | |
| 15 | | 1U | 8.2 | 5.0 | 1U | 1 | 0.039 | 0.049 | | |
| 16 | | | 7.7 | 5.0 | | 0.95 | 0.050 | 0.000 | | |
| 17 | | 1U | 7.6 | 5.0 | 1U | 1 | 0.048 | 0.000 | | |
| 18 | 2U | 1U | 7.6 | 1.0 | 1U | 1.9 | 0.061 | 0.000 | 64 | 190 |
| 19 | | | 7.8 | 5.0 | | 1 | 0.059 | 0.030 | | |
| 20 | | | 7.7 | 5.0 | | 0.85 | 0.061 | 0.032 | | |
| 21 | | | 7.7 | 5.0 | | 0.8 | 0.027 | 0.048 | | |
| 22 | | 1U | 7.6 | 5.0 | 1U | 0.9 | 0.040 | 0.050 | | |
| 23 | | 1U | 7.8 | 5.0 | 1U | 0.9 | 0.051 | 0.048 | | |
| 24 | | | 7.3 | 5.0 | | 1 | 0.077 | 0.051 | | |
| 25 | | 1U | 7.4 | 5.0 | 1U | 1.1 | 0.061 | 0.048 | | |
| 26 | | | 7.6 | 5.0 | | 0.9 | 0.016 | 0.047 | | |
| 27 | | | 7.8 | 5.0 | | 0.7 | 0.023 | 0.049 | | |
| 28 | | | 7.8 | 5.0 | | 0.6 | 0.009 | 0.092 | | |
| 29 | | | 7.7 | 5.0 | | 0.85 | 0.016 | 0.000 | | |
| 30 | | 1U | 8.1 | 1.0 | 1U | 1.2 | 0.058 | 0.051 | | |
| 31 | | 1U | 7.7 | 5.0 | 1U | 0.9 | 0.045 | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

| | | |
|--|---|-----------------|
| PERMITTEE NAME: Aqua utilities, FL | PERMIT NUMBER: FLA011078 | |
| MAILING ADDRESS: 140 Hope Street Longwood, FL 32750 | LIMIT: Final | REPORT: Monthly |
| | CLASS SIZE: N/A | GROUP: Domestic |
| FACILITY: Florida Central Commerce Park WWTP | MONITORING GROUP NUMBER: R-001 | |
| LOCATION: 140 Hope Street Longwood, FL | MONITORING GROUP DESC: Public Access Irrigation, including Influent | |
| | NO DISCHARGE FROM SITE: [] | |

COUNTY: Seminole MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

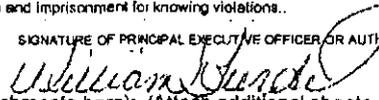
| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|----------------------|--------------------------|----------------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.047 | | mgd | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | | mgd | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.051 | | mgd | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | | mgd | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2U | | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.2 | 2.5 | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) | 60.0 (Max.) | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 7.2 | | 1 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 7.2 | 8.2 | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | 8.5 (Max) | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel/Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

407-339-5424

DATE (YYMMDD)

06/07/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

| Parameter | | Quantity of Loading | | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|-------|--------------------------|----------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | | 100% | | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | | 75 (Min.) | | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1.0 | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.0 | | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | | 1.0 (Min) | | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | | 1.90 | | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | | Report (Max) | | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 107 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 163 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.051 | | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.054 | 0.043 | MG/D | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | | 45.6% | | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | | Report | | | | Percent | Calculated |
| | Sample Measurement | | | | | | | | | |
| | Permit Measurement | | | | | | | | | |
| | Sample Measurement | | | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 6/1/06 To: 6/30/06

| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
| 1 | 2.5 | 1U | 7.5 | 5.0 | 1U | 1.1 | 0.068 | 0.007 | 96 | 190 |
| 2 | | | 7.2 | 5.0 | | 0.9 | 0.062 | 0.045 | | |
| 3 | | | 7.5 | 5.0 | | 0.8 | 0.025 | 0.000 | | |
| 4 | | | 7.5 | 5.0 | | 0.7 | 0.044 | 0.000 | | |
| 5 | | 1U | 7.7 | 5.0 | 1U | 0.9 | 0.054 | 0.053 | | |
| 6 | | 1U | 7.6 | 5.0 | 1U | 1.1 | 0.066 | 0.049 | | |
| 7 | | | 7.3 | 5.0 | | 0.95 | 0.066 | 0.049 | | |
| 8 | | 1U | 7.4 | 1.0 | 1U | 0.9 | 0.058 | 0.049 | | |
| 9 | | | 7.5 | 5.0 | | 0.9 | 0.065 | 0.046 | | |
| 10 | | | 7.6 | 5.0 | | 0.8 | 0.042 | 0.048 | | |
| 11 | | | 7.7 | 5.0 | | 0.6 | 0.033 | 0.047 | | |
| 12 | | 1U | 8.2 | 5.0 | 1U | 1.1 | 0.073 | 0.049 | | |
| 13 | | 1U | 7.2 | 2.4 | 1U | 1.2 | 0.075 | 0.049 | | |
| 14 | | | 7.3 | 1.8 | | 1.2 | 0.067 | 0.051 | | |
| 15 | 2U | 1U | 7.5 | 5.0 | 1U | 0.9 | 0.064 | 0.049 | 170 | 130 |
| 16 | | | 7.3 | 5.0 | | 1.3 | 0.057 | 0.067 | | |
| 17 | | | 7.3 | 5.0 | | 0.8 | 0.032 | 0.052 | | |
| 18 | | | 7.4 | 5.0 | | 1 | 0.043 | 0.053 | | |
| 19 | | 1U | 7.5 | 5.0 | 1U | 1.3 | 0.064 | 0.052 | | |
| 20 | | 1U | 7.2 | 5.0 | 1U | 1.3 | 0.054 | 0.067 | | |
| 21 | | | 7.8 | 5.0 | | 1.2 | 0.059 | 0.063 | | |
| 22 | | 1U | 7.8 | 5.0 | 1U | 1.2 | 0.054 | 0.064 | | |
| 23 | | | 7.8 | 5.0 | | 1.2 | 0.064 | 0.072 | | |
| 24 | | | 7.8 | 5.0 | | 0.9 | 0.042 | 0.064 | | |
| 25 | | | 7.7 | 5.0 | | 0.9 | 0.053 | 0.059 | | |
| 26 | | 1U | 8.2 | 5.0 | 1U | 1.8 | 0.064 | 0.062 | | |
| 27 | | 1U | 8.2 | 5.0 | 1U | 1.8 | 0.073 | 0.063 | | |
| 28 | | | 7.4 | 5.0 | | 1.5 | 0.067 | 0.065 | | |
| 29 | 2U | 1U | 7.2 | 5.0 | 7.2 | 1.9 | 0.063 | 0.063 | 56 | 170 |
| 30 | | | 7.6 | 1.0 | | 1.1 | 0.059 | 0.059 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: Certification No.:
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Day Shift Operator Class: Certification No.:
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD—From: 07/01/2006 To: 07/31/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|----------------------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.046 | | mgd | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | | mgd | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.051 | | mgd | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | | mgd | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.0 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.1 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 6.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |
| | | | 8.1 (Max) | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

William Trendel

407-339-5424

06/08/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

07/01/2006 To:

07/31/2006

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detection | Sample Measurement | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon.Site No. EFA-1 | Permit Measurement | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon.Site No. EFA-1 | Permit Measurement | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon.Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | 2.80 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon.Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 83 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 210 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon.Site No. INF-1 | Permit Measurement | | Report (Mo.Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.050 | | MG/D | | 5 Days/Week | |
| PARM Code, 50050 P Mon.Site No. FLW-1 | Permit Measurement | 0.095 (An.Avg.) | | MG/D | | 5 Days/Week | |
| Flow | Sample Measurement | 0.049 | 0.044 | MG/D | | 5 Days/Week | |
| PARM Code, 50050 Q Mon.Site No. FLW-1 | Permit Measurement | Report (Mo.Avg.) | Report (3-Mo.Avg.) | MG/D | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 46.3% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon.Site No. FLW-1 | Permit Measurement | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | |
| | Permit Measurement | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 7/1/06 To: 7/31/06

| Code Mon. Site | 80082 EFA-1 | 74055 EFA-1 | 00400 EFA-1 | 50060 EFA-1 | 00530 EFA-1 | 50060 EFA-1 | 50050 FLW-1 | 50050 FLW-2 | 80082 INF-01 | 00530 INF-01 |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| 1 | | | 7.6 | 5.0 | | 1 | 0.000 | 0.059 | | |
| 2 | | | 7.1 | 5.0 | | 0.9 | 0.000 | 0.064 | | |
| 3 | | | 7.2 | 5.0 | | 1.3 | 0.037 | 0.060 | | |
| 4 | | | 7.4 | 5.0 | | 1.2 | 0.069 | 0.066 | | |
| 5 | | 1.0< | 7.0 | 5.0 | 1.0< | 1.9 | 0.048 | 0.063 | | |
| 6 | | 1.0< | 7.7 | 5.0 | 1.0< | 2.3 | 0.058 | 0.064 | | |
| 7 | | 1.0< | 6.9 | 5.0 | 1.1< | 2.8 | 0.029 | 0.000 | | |
| 8 | | | 7.8 | 1.0 | | 0.95 | 0.029 | 0.000 | | |
| 9 | | | 8.0 | 5.0 | | 0.9 | 0.060 | 0.047 | | |
| 10 | | 1.0> | 7.8 | 5.0 | 1.0< | 0.95 | 0.048 | 0.057 | | |
| 11 | | 1.0< | 7.8 | 5.0 | 1.0< | 1 | 0.049 | 0.063 | | |
| 12 | | | 7.9 | 5.0 | | 1.5 | 0.057 | 0.063 | | |
| 13 | 2.0< | 1.0< | 7.8 | 5.0 | 1.0< | 1.1 | 0.053 | 0.067 | 66 | 130 |
| 14 | | | 7.6 | 1.0 | | 1 | 0.023 | 0.061 | | |
| 15 | | | 7.8 | 1.0 | | 0.9 | 0.039 | 0.066 | | |
| 16 | | | 8.1 | 1.0 | | 0.7 | 0.050 | 0.062 | | |
| 17 | | 1.0< | 7.4 | 4.1 | 1.0< | 0.6 | 0.048 | 0.078 | | |
| 18 | | 1.0< | 7.1 | 3.4 | 1.0< | 0.7 | 0.061 | 0.000 | | |
| 19 | | | 7.4 | 5.0 | | 0.8 | 0.059 | 0.000 | | |
| 20 | | 1.0< | 7.5 | 3.0 | 1.0< | 1 | 0.061 | 0.070 | | |
| 21 | | | 7.3 | 5.0 | | 1.2 | 0.027 | 0.065 | | |
| 22 | | | 7.5 | 5.0 | | 1.3 | 0.040 | 0.089 | | |
| 23 | | | 7.5 | 5.0 | | 1.5 | 0.051 | 0.000 | | |
| 24 | | 1.0< | 7.5 | 5.0 | 1.1< | 1.8 | 0.077 | 0.000 | | |
| 25 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.5 | 0.061 | 0.075 | | |
| 26 | | | 7.6 | 5.0 | | 1.1 | 0.016 | 0.000 | | |
| 27 | 2.0< | 1.0< | 7.0 | 1.5 | 1.0< | 1.2 | 0.023 | 0.020 | 100 | 290 |
| 28 | | 1.0< | 6.9 | 1.0 | | 1 | 0.009 | 0.134 | | |
| 29 | | | 6.9 | 1.0 | | 0.9 | 0.016 | 0.000 | | |
| 30 | | | 7.7 | 3.1 | | 0.65 | 0.058 | 0.068 | | |
| 31 | | 1.0< | 7.7 | 2.0 | 1.0< | 1 | 0.045 | 0.000 | | |

PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

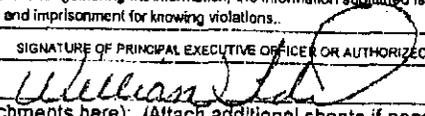
LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 GROUP: Domestic

COUNTY: Seminole

MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|-----------------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.046 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Y Mon Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.051 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 I Mon Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 1 | Every Two Weeks | Grab |
| PARM Code: 80082 Y Mon Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 I Mon Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.1 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 Mon Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.2 7.9 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 Mon Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel |  | 407-339-5424 | 06/09/19 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

08/01/2006 To:

08/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|------------------------|--------------------------|-------------|-----------|-----------------------|----------------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | | 3 Days/Week | Grab |
| PARM Code, 51005 - I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min) | | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | 1.0< | #/100mL | 3 Days/Week | Grab |
| PARM Code, 74055 - I Mon. Site No. EFA-1 | Permit Measurement | | | | 25 (Max) | #/100mL | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | | MG/L | 0 | Continuous analyzer |
| PARM Code, 50060 - A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | | MG/L | | Continuous analyzer |
| Turbidity | Sample Measurement | | | 1.50 | | NTU | 0 | Continuous analyzer |
| PARM Code, 00070 - I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | | NTU | | Continuous analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 96 | | MG/L | 0 | Every Two Weeks Grab |
| PARM Code, 80082 - G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks Grab |
| Solids, Total Suspended | Sample Measurement | | | 245 | | MG/L | 0 | Every Two Weeks Grab |
| PARM Code, 00530 - G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks Grab |
| Flow | Sample Measurement | 0.048 | | MG/D | | | 0 | 5 Days/Week |
| PARM Code, 60050 - P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | | 5 Days/Week |
| Flow | Sample Measurement | 0.042 | 0.044 | MG/D | | | 0 | 5 Days/Week |
| PARM Code, 50050 - G Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | | 5 Days/Week |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 46.3% | | | 0 | Percent Calculated |
| PARM Code, 00180 - J Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | | Percent Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 8/1/06 To: 8/31/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100mf) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon.Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | 1.0< | 7.5 | 1.0 | 1.0< | 0.9 | 0.056 | 0.068 | | |
| 2 | | | 7.1 | 5.0 | | 0.5 | 0.056 | 0.067 | | |
| 3 | | 1.0< | 7.2 | 5.0 | 1.0< | 0.6 | 0.053 | 0.066 | | |
| 4 | | | 7.4 | 5.0 | | 0.3 | 0.045 | 0.065 | | |
| 5 | | | 7.0 | 5.0 | | 0.4 | 0.028 | 0.067 | | |
| 6 | | | 7.5 | 5.0 | | 0.35 | 0.017 | 0.073 | | |
| 7 | | 1< | 6.9 | 5.0 | 1.1< | 0.5 | 0.066 | 0.083 | | |
| 8 | | 1< | 7.5 | 2.8 | 1.0< | 0.4 | 0.036 | 0.000 | | |
| 9 | | | 7.5 | 5.0 | | 0.5 | 0.031 | 0.000 | | |
| 10 | 2.0< | 1< | 7.5 | 1.0 | 1.0< | 0.5 | 0.009 | 0.000 | 140 | 400 |
| 11 | | | 7.9 | 5.0 | | 0.4 | 0.038 | 0.076 | | |
| 12 | | | 7.6 | 5.0 | | 0.3 | 0.018 | 0.073 | | |
| 13 | | | 7.6 | 5.0 | | 0.35 | 0.026 | 0.068 | | |
| 14 | | 1.0< | 7.9 | 5.0 | 1.0< | 0.65 | 0.053 | 0.070 | | |
| 15 | | 1.0< | 7.6 | 5.0 | 1.0< | 0.75 | 0.046 | 0.000 | | |
| 16 | | | 7.3 | 4.5 | | 0.9 | 0.062 | 0.000 | | |
| 17 | | 1.0< | 7.2 | 2.5 | 1.0< | 1 | 0.065 | 0.068 | | |
| 18 | | | 7.3 | 5.0 | | 0.8 | 0.055 | 0.064 | | |
| 19 | | | 7.4 | 5.0 | | 0.85 | 0.021 | 0.063 | | |
| 20 | | | 7.2 | 5.0 | | 0.9 | 0.025 | 0.062 | | |
| 21 | | 1.0< | 7.2 | 5.0 | 1.0< | 1.1 | 0.049 | 0.066 | | |
| 22 | | 1.0< | 7.4 | 2.0 | 1.0< | 1.5 | 0.054 | 0.000 | | |
| 23 | | | 7.3 | 3.1 | | 1.2 | 0.065 | 0.083 | | |
| 24 | 2.0< | 1.0< | 7.2 | 3.6 | 1.0< | 0.6 | 0.054 | 0.000 | 51 | 90 |
| 25 | | | 7.4 | 5.0 | | 0.7 | 0.014 | 0.000 | | |
| 26 | | | 7.5 | 5.0 | | 0.8 | 0.033 | 0.000 | | |
| 27 | | | 7.6 | 5.0 | | 0.8 | 0.030 | 0.088 | | |
| 28 | | 1.0< | 7.5 | 5.0 | 1.0< | 0.9 | 0.049 | 0.066 | | |
| 29 | | 1.0< | 7.6 | 5.0 | 1.0< | 0.8 | 0.062 | 0.087 | | |
| 30 | | | 7.5 | 5.0 | | 0.9 | 0.056 | 0.068 | | |
| 31 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.052 | 0.070 | | |

PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, Including Influent
 NO DISCHARGE FROM SITE: []

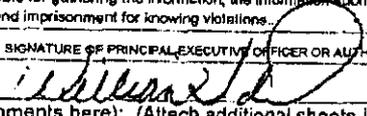
FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

COUNTY: Seminole

MONITORING PERIOD - From: 09/01/2006 To: 09/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.045 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.049 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 1 | Every Two Weeks | Grab |
| PARM Code: 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0< | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 I Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.1 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00630 I Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.2 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 I Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel |  | 407-339-5424 | 06/10/17 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD-From:

09/01/2006 To:

09/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.4 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 1.80 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 90 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, B0082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 285 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.049 | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | MG/D | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.049 | 0.047 | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMADP/Permitted Capacity) X 100 | Sample Measurement | | | 49.5% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period

From: 9/1/06

To: 9/30/06

| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.7 | 0.056 | 0.070 | | |
| 2 | | | 7.1 | 5.0 | | 0.6 | 0.056 | 0.000 | | |
| 3 | | 1.0< | 7.2 | 5.0 | 1.0< | 0.6 | 0.053 | 0.000 | | |
| 4 | | | 7.4 | 5.0 | | 0.9 | 0.045 | 0.071 | | |
| 5 | | | 7.0 | 5.0 | | 1 | 0.028 | 0.070 | | |
| 6 | | | 7.5 | 5.0 | | 1.1 | 0.017 | 0.071 | | |
| 7 | 2.0< | 1< | 6.9 | 3.9 | 1.1< | 1.1 | 0.066 | 0.071 | 140 | 490 |
| 8 | | 1< | 7.3 | 5.0 | 1.0< | 0.8 | 0.036 | 0.066 | | |
| 9 | | | 7.5 | 5.0 | | 0.8 | 0.031 | 0.069 | | |
| 10 | 2.0< | 1< | 7.5 | 5.0 | 1.0< | 1.1 | 0.009 | 0.000 | | |
| 11 | | | 7.5 | 5.0 | | 1.2 | 0.038 | 0.069 | | |
| 12 | | | 7.4 | 5.0 | 1.0< | 1 | 0.018 | 0.072 | | |
| 13 | | | 7.4 | 5.0 | | 0.8 | 0.026 | 0.068 | | |
| 14 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.9 | 0.053 | 0.000 | | |
| 15 | | 1.0< | 7.6 | 5.0 | 1.0< | 0.9 | 0.046 | 0.000 | | |
| 16 | | | 7.5 | 5.0 | | 0.7 | 0.062 | 0.000 | | |
| 17 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.8 | 0.065 | 0.102 | | |
| 18 | | | 7.8 | 5.0 | | 1 | 0.055 | 0.083 | | |
| 19 | | | 7.7 | 5.0 | 1.0< | 1.5 | 0.021 | 0.000 | | |
| 20 | | | 7.5 | 5.0 | | 1.7 | 0.025 | 0.084 | | |
| 21 | 2.0< | 1.0< | 7.7 | 5.0 | 1.0< | 1.2 | 0.049 | 0.086 | 40 | 80 |
| 22 | | 1.0< | 7.4 | 5.0 | 1.0< | 1 | 0.054 | 0.083 | | |
| 23 | | | 7.5 | 5.0 | | 0.9 | 0.065 | 0.083 | | |
| 24 | 2.0< | 1.0< | 7.4 | 5.0 | 1.0< | 0.7 | 0.054 | 0.000 | | |
| 25 | | | 7.4 | 5.0 | | 1.1 | 0.014 | 0.000 | | |
| 26 | | | 7.4 | 1.5 | 1.0< | 1.2 | 0.033 | 0.085 | | |
| 27 | | | 7.4 | 1.4 | | 1.2 | 0.030 | 0.083 | | |
| 28 | | 1.0< | 7.2 | 2.7 | 1.0< | 1.5 | 0.049 | 0.085 | | |
| 29 | | 1.0< | 7.3 | 5.0 | 1.0< | 1.8 | 0.062 | 0.000 | | |
| 30 | | | 7.7 | 5.0 | | 1.1 | 0.056 | 0.000 | | |
| 31 | | | | | | | | | | |

PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

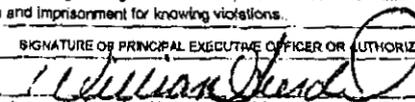
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

| | | | |
|------------------|---------------------------------------|--------------------------|--|
| PERMITTEE NAME: | Aqua Utilities, Florida | PERMIT NUMBER: | FLA011078 |
| MAILING ADDRESS: | 140 Hope Street Longwood, FL 32750 | LIMIT: | Final |
| FACILITY: | Florida Central Commerce Park WWTP | CLASS SIZE: | REPORT: Monthly |
| LOCATION: | 140 Hope Street Longwood, FL | MONITORING GROUP NUMBER: | GROUP: Domestic |
| COUNTY: | Seminole | MONITORING GROUP DESC: | Public Access Irrigation, Including Influent |
| | | NO DISCHARGE FROM SITE: | [] |
| | | MONITORING PERIOD--From: | 10/01/2006 To: 10/31/2006 |

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|----------------------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.044 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Y Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.049 | mgd | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 I Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.1 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Y Mon. Site No. EFA-1 | Permit Measurement | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 2.9 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 I Mon. Site No. EFA-1 | Permit Measurement | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | 1.1 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 I Mon. Site No. EFB-1 | Permit Measurement | | 5.0 (Max.) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | 7.4 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 I Mon. Site No. EFA-1 | Permit Measurement | | 6.0 (Min) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel |  | 407-339-5424 | 06/11/17 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD--From:

10/01/2006 To:

10/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|-------|------------|-----------------------|---------------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | #/100mL | 3 Days/Week | Grab |
| PARM Code, 51005 Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | | #/100mL | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | | #/100mL | 0 | 3 Days/Week |
| PARM Code, 74055 Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | | #/100mL | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 5.0 | | MG/L | 0 | Continuous analyzer |
| PARM Code, 50060 Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | | MG/L | | Continuous analyzer |
| Turbidity | Sample Measurement | | | 2.00 | | NTU | 0 | Continuous analyzer |
| PARM Code, 00070 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | | NTU | | Continuous analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 58 | | MG/L | 0 | Every Two Weeks |
| PARM Code, 80082 Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks |
| Solids, Total Suspended | Sample Measurement | | | 90 | | MG/L | 0 | Every Two Weeks |
| PARM Code, 00530 Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | MG/L | | Every Two Weeks |
| Flow | Sample Measurement | 0.048 | | MG/D | | | 0 | 5 Days/Week |
| PARM Code, 50050 Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | | | 5 Days/Week |
| Flow | Sample Measurement | 0.049 | 0.047 | MG/D | | | 0 | 5 Days/Week |
| PARM Code, 50050 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | | 5 Days/Week |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 49.5% | | | 0 | Percent Calculated |
| PARM Code, 00180 Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | | Percent Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 10/1/06 To: 10/31/06

| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.6 | 5.0 | | 0.7 | 0.018 | 0.000 | | |
| 2 | | 1.0< | 7.9 | 5.0 | 1.0< | 0.8 | 0.061 | 0.082 | | |
| 3 | | 1.0< | 7.8 | 5.0 | 1.0< | 0.8 | 0.072 | 0.084 | | |
| 4 | | | 7.5 | 5.0 | | 0.75 | 0.058 | 0.082 | | |
| 5 | 3.8 | 1.0< | 7.7 | 5.0 | 1.0< | 0.8 | 0.079 | 0.000 | 74 | 59 |
| 6 | | | 7.6 | 5.0 | | 2 | 0.049 | 0.096 | | |
| 7 | | | 7.9 | 5.0 | | 0.9 | 0.028 | 0.000 | | |
| 8 | | | 7.8 | 5.0 | | 0.7 | 0.024 | 0.000 | | |
| 9 | | 1.0< | 7.7 | 5.0 | 1.1< | 0.65 | 0.056 | 0.000 | | |
| 10 | | 1.0< | 7.8 | 5.0 | 1.1< | 0.8 | 0.054 | 0.000 | | |
| 11 | | | 7.7 | 5.0 | | 0.75 | 0.057 | 0.065 | | |
| 12 | | 1.0< | 7.7 | 5.0 | 1.0< | 0.8 | 0.056 | 0.067 | | |
| 13 | | | 7.6 | 5.0 | | 0.9 | 0.065 | 0.054 | | |
| 14 | | | 7.4 | 5.0 | | 0.7 | 0.032 | 0.054 | | |
| 15 | | | 7.5 | 5.0 | | 0.75 | 0.022 | 0.057 | | |
| 16 | | 1.0< | 7.8 | 5.0 | 1.0< | 1 | 0.062 | 0.060 | | |
| 17 | | | 7.8 | 5.0 | | 0.95 | 0.059 | 0.068 | | |
| 18 | | 1.0< | 7.8 | 5.0 | 1.0< | 1 | 0.059 | 0.065 | | |
| 19 | 2.0< | 1.0< | 7.5 | 5.0 | 1.0< | 1.4 | 0.056 | 0.065 | 42 | 120 |
| 20 | | | 7.6 | 5.0 | | 0.8 | 0.048 | 0.057 | | |
| 21 | | | 7.8 | 5.0 | | 0.6 | 0.032 | 0.062 | | |
| 22 | | | 7.9 | 5.0 | | 0.8 | 0.031 | 0.000 | | |
| 23 | | 1.0< | 7.8 | 5.0 | 1.0< | 1 | 0.059 | 0.000 | | |
| 24 | | 1.0< | 7.7 | 5.0 | 1.0< | 1.2 | 0.063 | 0.067 | | |
| 25 | | | 7.5 | 5.0 | | 1.3 | 0.059 | 0.064 | | |
| 26 | | 1.0< | 7.4 | 5.0 | 1.0< | 1.2 | 0.052 | 0.000 | | |
| 27 | | | 7.6 | 5.0 | | 1.1 | 0.055 | 0.000 | | |
| 28 | | | 7.5 | 5.0 | | 0.9 | 0.025 | 0.064 | | |
| 29 | | | 7.5 | 5.0 | | 1 | 0.017 | 0.071 | | |
| 30 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.4 | 0.052 | 0.000 | | |
| 31 | | 1.0< | 7.7 | 5.0 | 1.0< | 1.3 | 0.056 | 0.078 | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

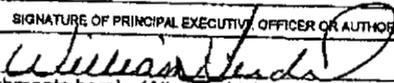
REPORT: Monthly
 GROUP: Domestic

COUNTY: Seminole

MONITORING PERIOD-From: 11/01/2006 To: 11/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|----------------------|-------|--------------------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.043 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 Y Mon Site No: FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.046 | mgd | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code: 50050 I Mon Site No: FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 Y Mon Site No: EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.3 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code: 80082 I Mon Site No: EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.3 | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code: 00530 I Mon Site No: EFB-1 | Permit Measurement | | | 35.0 (Max) | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code: 00400 I Mon Site No: EFA-1 | Permit Measurement | | | 8.0 (Min) | S.U. | | 5 Days/Week | Grab |
| | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|--------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (Y/M/D) |
| William Trendel |  | 407-339-5424 | 06/12/14 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) | | | |

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

MONITORING PERIOD-From:

11/01/2006 To:

11/30/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|---------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | | | |
| PARM Code, 51005 Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 74065 Mon. Site No. EFA-1 | Permit Measurement | | | | 1.0< | 0 | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.5 | #/100mL | | 3 Days/Week | Grab |
| PARM Code, 50050 Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min.) | MG/L | 0 | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 1.90 | MG/L | | Continuous | analyzer |
| PARM Code, 00070 Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max.) | NTU | 0 | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 89 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 215 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.047 | MG/D | | | | | |
| PARM Code, 50050 Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | MG/D | | | 0 | 5 Days/Week | |
| Flow | Sample Measurement | 0.051 | 0.050 | MG/D | | | 5 Days/Week | |
| PARM Code, 50050 Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | 0 | 5 Days/Week | |
| Percent Capacity, (TMADP/Permitted Capacity) X 100 | Sample Measurement | | | 52.6% | | 0 | Percent | Calculated |
| PARM Code, 00180 Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | Percent | Calculated |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 11/1/06 To: 11/30/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.8 | 5.0 | | 1.3 | 0.061 | 0.072 | | |
| 2 | 3.0 | 1.0< | 7.4 | 5.0 | 1.0< | 1.9 | 0.065 | 0.000 | 120 | 410 |
| 3 | | 1.0< | 7.3 | 5.0 | 1.0< | 1.9 | 0.052 | 0.000 | | |
| 4 | | | 7.6 | 5.0 | | 1.5 | 0.030 | 0.000 | | |
| 5 | 3.8 | 1.0< | 7.5 | 5.0 | 1.0< | 1.1 | 0.020 | 0.000 | | |
| 6 | | | 7.6 | 5.0 | | 1.4 | 0.066 | 0.033 | | |
| 7 | | | 7.5 | 5.0 | | 1.2 | 0.070 | 0.063 | | |
| 8 | | | 7.4 | 5.0 | | 1.4 | 0.061 | 0.065 | | |
| 9 | | 1.0< | 7.3 | 5.0 | 1.1< | 1.9 | 0.056 | 0.062 | | |
| 10 | | 1.0< | 7.0 | 1.5 | 1.1< | 1.3 | 0.055 | 0.062 | | |
| 11 | | | 7.6 | 5.0 | | 1.2 | 0.033 | 0.061 | | |
| 12 | | 1.0< | 7.7 | 5.0 | 1.0< | 1.1 | 0.025 | 0.052 | | |
| 13 | | | 8.0 | 5.0 | | 1.3 | 0.058 | 0.098 | | |
| 14 | | | 7.8 | 5.0 | | 1.1 | 0.059 | 0.089 | | |
| 15 | | | 7.7 | 2.1 | | 1.1 | 0.057 | 0.000 | | |
| 16 | 2.0< | 1.0< | 7.3 | 5.0 | 1.0< | 1.3 | 0.083 | 0.000 | 80 | 140 |
| 17 | | | 7.2 | 5.0 | | 1.1 | 0.082 | 0.000 | | |
| 18 | | 1.0< | 7.6 | 5.0 | 1.0< | 1.1 | 0.039 | 0.000 | | |
| 19 | | 1.0< | 8.0 | 5.0 | 1.0< | 1 | 0.039 | 0.068 | | |
| 20 | | | 7.9 | 5.0 | | 1.4 | 0.065 | 0.063 | | |
| 21 | | | 7.7 | 5.0 | | 1.3 | 0.068 | 0.063 | | |
| 22 | | | 7.1 | 5.0 | | 1.1 | 0.021 | 0.066 | | |
| 23 | | 1.0< | 7.4 | 5.0 | 1.0< | 0.9 | 0.029 | 0.064 | | |
| 24 | | 1.0< | 7.5 | 5.0 | 1.0< | 0.9 | 0.023 | 0.063 | | |
| 25 | | | 7.5 | 5.0 | | 1.1 | 0.020 | 0.061 | | |
| 26 | | 1.0< | 7.9 | 5.0 | 1.0< | 1.4 | 0.062 | 0.060 | | |
| 27 | | | 7.3 | 5.0 | | 1.3 | 0.062 | 0.000 | | |
| 28 | | | 7.3 | 1.8 | | 1.3 | 0.063 | 0.065 | | |
| 29 | | | 7.3 | 1.8 | | 1.2 | 0.050 | 0.063 | | |
| 30 | 2.0< | 1.0< | 7.4 | 1.6 | 1.0< | 1.1 | 0.064 | 0.062 | 68 | 95 |
| 31 | | | | | | | | | | |

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____
 Day Shift Operator Class: C Certification No.: 9558 Charles Harris
 Day Shift Operator Class: C Certification No.: 11993 Al Gerardo
 Lead Operator Class: A Certification No.: 9184 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME: Aqua Utilities, Florida
 MAILING ADDRESS: 140 Hope Street
 Longwood, FL 32750

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP
 LOCATION: 140 Hope Street
 Longwood, FL

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Public Access Irrigation, including Influent
 NO DISCHARGE FROM SITE: []

REPORT: Monthly
 GROUP: Domestic

COUNTY: Seminole

MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|----------------------|-------|--------------------------|----------------|-------|------------|-----------------------|-------------|
| Flow | Sample Measurement | 0.042 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Mon. Site No. FLW-2 | Permit Measurement | 0.095 (An. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| Flow | Sample Measurement | 0.041 | mgd | | | | 0 | 5 Days/Week | Flow-meter |
| PARM Code, 50050 Mon. Site No. FLW-2 | Permit Measurement | Report (Mo. Avg.) | mgd | | | | | 5 Days/Week | Flow-meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.2 | | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Mon. Site No. EFA-1 | Permit Measurement | | | 20.0 (An. Avg.) | | MG/L | | Every Two Weeks | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 2.0 | 2.0 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 Mon. Site No. EFA-1 | Permit Measurement | | | 30.0 (Mo. Avg.) | 60.0 (Max.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 1.1 | | MG/L | 0 | 3 Days/Week | Grab |
| PARM Code, 00530 Mon. Site No. EFB-1 | Permit Measurement | | | 5.0 (Max.) | | MG/L | | 3 Days/Week | Grab |
| pH | Sample Measurement | | | 7.0 | 8.1 | S.U. | 0 | 5 Days/Week | Grab |
| PARM Code, 00400 Mon. Site No. EFA-1 | Permit Measurement | | | 6.0 (Min) | 8.5 (Max) | S.U. | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | | |
|---|--|---------------|-----------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
| William Trendel | <i>William Trendel</i> | 407-339-5424 | 07/01/14 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

12/01/2006 To:

12/31/2006

| Parameter | | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|---------------------|--------------------------|-------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detecton | Sample Measurement | | | 100% | | | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | | 75 (Min) | | | 3 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | 1.0< | | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | 1.0 | | 0 | Continuous | analyzer |
| PARM Code, 50080 A Mon. Site No. EFA-1 | Permit Measurement | | | 1.0 (Min) | | | Continuous | analyzer |
| Turbidity | Sample Measurement | | | 1.40 | | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | | Report (Max) | | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 61 | | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | | Every Two Weeks | Grab |
| Solids, Total Suspended | Sample Measurement | | | 81 | | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | | Report (Mo. Avg.) | | | Every Two Weeks | Grab |
| Flow | Sample Measurement | 0.045 | | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | | | | 5 Days/Week | |
| Flow | Sample Measurement | 0.044 | 0.048 | | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | | | | 5 Days/Week | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | | 50.5% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | | Report | | | Percent | Calculated |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 12/1/06 To: 12/31/06

| | CBOD5 (mg/L) | Fecal Coliform Bacteria (#/100ml) | pH (S.U.) | TRC (For Disinfect.) (mg/L) | TSS (mg/L) | Turbidity (NTU) | Flow (MGD) | Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) |
|-----------|--------------|-----------------------------------|-----------|-----------------------------|------------|-----------------|------------|------------|--------------|------------|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 50060 | 50050 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | EFA-1 | FLW-1 | FLW-2 | INF-01 | INF-01 |
| 1 | | | 7.8 | 5.0 | | 1.2 | 0.064 | 0.062 | | |
| 2 | | | 7.8 | 5.0 | | 1.0 | 0.047 | 0.067 | | |
| 3 | | | 7.7 | 5.0 | | 0.9 | 0.023 | 0.000 | | |
| 4 | | 1.0< | 8.0 | 5.0 | 1.0< | 1.1 | 0.059 | 0.065 | | |
| 5 | | 1.0< | 7.7 | 5.0 | 1.0< | 1.0 | 0.059 | 0.070 | | |
| 6 | | | 7.6 | 5.0 | | 1.0 | 0.025 | 0.000 | | |
| 7 | | 1.0< | 7.0 | 1.0 | 1.1 | 1.1 | 0.060 | 0.000 | | |
| 8 | | | 7.6 | 5.0 | | 1.1 | 0.072 | 0.000 | | |
| 9 | | | 7.7 | 5.0 | | 0.8 | 0.036 | 0.000 | | |
| 10 | | | 7.6 | 5.0 | | 0.8 | 0.022 | 0.000 | | |
| 11 | | 1.0< | 8.0 | 5.0 | 1.0< | 0.8 | 0.050 | 0.000 | | |
| 12 | | 1.0< | 7.7 | 5.0 | 1.0< | 1.0 | 0.051 | 0.021 | | |
| 13 | | | 7.3 | 5.0 | | 0.9 | 0.063 | 0.060 | | |
| 14 | 2.0< | 1.0< | 7.3 | 3.0 | 1.0< | 1.1 | 0.055 | 0.063 | 91 | 120 |
| 15 | | | 7.1 | 1.0 | | 0.9 | 0.069 | 0.055 | | |
| 16 | | | 7.2 | 2.8 | | 1.0 | 0.031 | 0.060 | | |
| 17 | | | 7.3 | 5.0 | | 0.8 | 0.016 | 0.055 | | |
| 18 | | 1.0< | 7.5 | 5.0 | 1.0< | 1.1 | 0.050 | 0.057 | | |
| 19 | | 1.0< | 7.7 | 1.5 | 1.0< | 1.2 | 0.051 | 0.065 | | |
| 20 | | | 7.8 | 1.8 | | 1.1 | 0.051 | 0.070 | | |
| 21 | | 1.0< | 7.5 | 2.8 | 1.0< | 1.2 | 0.046 | 0.060 | | |
| 22 | | | 7.3 | 4.2 | | 1.3 | 0.052 | 0.064 | | |
| 23 | | | 7.2 | 2.1 | | 1.1 | 0.028 | 0.061 | | |
| 24 | | | 7.4 | 1.5 | | 1.3 | 0.005 | 0.032 | | |
| 25 | | | 7.3 | 5.0 | | 1.2 | 0.020 | 0.053 | | |
| 26 | | 1.0< | 8.0 | 5.0 | 1.0< | 1.0 | 0.043 | 0.059 | | |
| 27 | | 1.0< | 8.1 | 5.0 | 1.0< | 1.4 | 0.065 | 0.054 | | |
| 28 | 2.0< | 1.0< | 7.7 | 5.0 | 1.0< | 1.2 | 0.063 | 0.063 | 30 | 42 |
| 29 | | | 7.9 | 5.0 | | 1.4 | 0.052 | 0.000 | | |
| 30 | | | 7.7 | 5.0 | | 1.3 | 0.026 | 0.000 | | |
| 31 | | | 7.5 | 5.0 | | 1.1 | 0.024 | 0.055 | | |

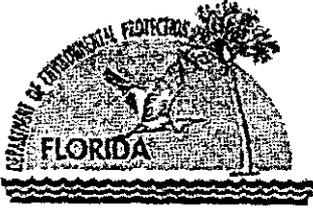
PLANT STAFFING:

| | | | |
|--------------------|-----------------|---------------------------------|------------------------|
| Day Shift Operator | Class: _____ | Certification No.: _____ | _____ |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>9558</u> | <u>Charles Harris</u> |
| Day Shift Operator | Class: <u>C</u> | Certification No.: <u>11993</u> | <u>Al Gerardo</u> |
| Lead Operator | Class: <u>A</u> | Certification No.: <u>9184</u> | <u>William Trendel</u> |

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

PA FILE NUMBER:

FLA011078-003-DW3P

ISSUANCE DATE:

April 9, 2003

EXPIRATION DATE:

April 7, 2008

RESPONSIBLE AUTHORITY:

Mr. Craig J. Anderson
Vice President, Environmental Services
PO Box 609520
Orlando, FL 32860-9520

(407) 598-4199

FACILITY:

Florida Central Commerce Park WWTF
140 Hope Street
Longwood, FL
Seminole County
Latitude: 28° 41' 43" N Longitude: 81° 21' 20" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to construct and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.095 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chemical feed facilities, filtration, chlorination, 3-day (0.285 MG) reject storage pond with provisions for retreatment, and aerobic digestion of residuals. This permit also authorizes construction of a 10,000 gallon surge tank, including all associated piping and appurtenances, to provide a total surge capacity of 30,000 gallons.

REUSE:

Land Application: An existing 0.095 MGD AADF permitted capacity slow-rate public access (R-001) consisting of a 10-day (0.95 MG) wet weather storage pond and irrigation of approximately 19 acres of greenspace at the commerce park. The reuse system shall be evaluated in accordance with Condition IV.15. of this permit.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 15 of this permit.

DOCUMENT NUMBER DATE
04332 MAY22 00

FPSC-COMMISSION CLERK

FACILITY: Florida Central Commerce Park WWTF
 PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
 EXPIRATION DATE: April 7, 2008

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

| Parameter | Units | Max/Min | Reclaimed Water Limitations | | | | Monitoring Requirements | | | |
|--|---------------|---------|-----------------------------|-----------------|----------------|---------------|-------------------------|-------------|---------------------------------|------------------|
| | | | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | Notes |
| Flow | MGD | Maximum | 0.095 | - | - | - | 5 Days/Week | Meter | FLW-2 | See Cond. I.A.3. |
| BOD, Carbonaceous 5 day, 20C | MG/L | Maximum | 20.0 | 10.0 | 45.0 | 60.0 | Every Two Weeks | Grab | EFA-1 | |
| Solids, Total Suspended | MG/L | Maximum | - | - | - | 5.0 | 3 Days/Week | Grab | EFA-1 | |
| pH | SU | Range | - | - | - | 6.0 to 8.5 | 5 Days/Week | Grab | EFA-1 | |
| Coliform, Fecal | #/100ML | Maximum | See Permit Condition I.A.4. | | | | 3 Days/Week | Grab | EFA-1 | |
| Total Residual Chlorine (For Disinfection) | MG/L | Minimum | - | - | - | 1.0 | Continuous | Meter | EFA-1 | See Cond. I.A.5. |
| Turbidity | NTU | Maximum | See Permit Condition I.A.6. | | | | Continuous | Meter | EFA-1 | |
| Giardia | CYSTS/100 L | Maximum | - | - | - | Report | five years | Filtered | EFA-1 | |
| Cryptosporidium | OOCYSTS/100 L | Maximum | - | - | - | Report | five years | Filtered | EFA-1 | |

FACILITY: Florida Central Commerce Park WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
EXPIRATION DATE: April 7, 2008

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

| Monitoring Location Site Number | Description of Monitoring Location |
|---------------------------------|---------------------------------------|
| EFA-1 | Chlorine contact chamber effluent |
| EFB-1 | Filter effluent prior to chlorination |
| FLW-2 | Flow meter to irrigation system |

3. A meter shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(5)(f)]*
5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. *[62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]*
6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. *[62-610.463(2)]*

FACILITY: Florida Central Commerce Park WWTF
 PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
 EXPIRATION DATE: April 7, 2008

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

| Parameter | Units | Max/Min | Limitations | | | | Monitoring Requirements | | | | Notes |
|--|----------|---------|----------------|-------------------|----------------|---------------|-------------------------|-------------|---------------------------------|------------------|-------|
| | | | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | | |
| BOD, Carbonaceous 5 day, 20C | MG/L | Maximum | - | Report | - | - | Every Two Weeks | Grab | INF-1 | See Cond. I.B.3. | |
| Solids, Total Suspended | MG/L | Maximum | - | Report | - | - | Every Two Weeks | Grab | INF-1 | See Cond. I.B.3. | |
| Flow | MGD | Maximum | 0.095 | - | - | - | 5 Days/Week | Meter | FLW-1 | See Cond. I.B.4. | |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | PER CENT | Maximum | - | Report (Mo.Total) | - | - | Monthly | Calculated | FLW-1 | | |

FACILITY: Florida Central Commerce Park WWTF
 PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
 EXPIRATION DATE: April 7, 2008

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

| Monitoring Location Site Number | Description of Monitoring Location |
|---------------------------------|---|
| FLW-1 | Effluent flow meter, recording total plant flow |
| INF-1 | Raw influent to surge tank |

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. A meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) & .865(8)(d)]
7. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. [62-610.463(4)]
8. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
9. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
10. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

| REPORT Type | Monitoring Period | Due Date |
|---------------------|--|---|
| Monthly or Toxicity | first day of month – last day of month | 28 th day of following month |
| Quarterly | January 1 - March 31 | April 28 |
| | April 1 - June 30 | July 28 |
| | July 1 - September 30 | October 28 |
| | October 1 - December 31 | January 28 |
| Semiannual | January 1 - June 30 | July 28 |
| | July 1 - December 31 | January 28 |
| Annual | January 1 - December 31 | January 28 |

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 12 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

FACILITY: Florida Central Commerce Park WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
EXPIRATION DATE: April 7, 2008

11. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
12. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Central District Office at the address specified below:

Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelley's Environmental Service, Inc., Residuals Management Facilities or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

FACILITY: Florida Central Commerce Park WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA011078
EXPIRATION DATE: April 7, 2008

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. Cross-connections to the potable water system are prohibited. *[62-610.469(7)]*
2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7)]*
3. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. Within 24 hours, notify the Central District Office's domestic wastewater and drinking water programs.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. *[62-555.350(3) and 62-555.360][62-620.610(20)]*
4. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*
5. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*
6. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*
7. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*
8. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*
9. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*

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10. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
11. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468 & 62-610.469]
12. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
13. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
14. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]
15. The permittee shall prepare and submit a report evaluating the reuse system. This report shall include, but not be limited to: information on the actual irrigated acreage within the reuse service area, the actual application rates of the reclaimed water, rainfall at the treatment plant site, staff gauge readings in the wet-weather holding pond and in one of the right-of-way swales within the area irrigated with reclaimed water (a map showing the proposed location must be submitted to the Department for approval within 30 days of permit issuance), future reclaimed water sites and a discussion of any situations that may limit the use of reclaimed water within the existing service area. The evaluation must include at least six months of data (beginning within 30 days of permit issuance) and the report must be submitted to the Department's Central District office by November 1, 2003.
16. Reclaimed water may be released to the system storage or reuse system during periods when the operator is not in attendance, provided that all automatic monitoring, diversion and notification equipment is operational, in compliance with the approved operating protocol. [62-610.462(2)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

2. The lead operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(10), (5) and (1)]

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3. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

| Improvement Action | | Completion Date |
|--------------------|----------------------------|-----------------|
| 1 | Repair all sprinkler heads | April 1, 2003 |

[62-600.735(1)]

2. The following construction schedule for the facilities shall be followed, unless the Department is notified:

| Implementation Step | | Completion Date |
|---------------------|-----------------------------------|------------------|
| 1 | Complete 10,000 gallon surge tank | February 1, 2004 |

[62-620.400]

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3. The permittee shall conduct and implement according to the following schedule:

| Implementation Step | | Completion Date |
|---------------------|--|------------------|
| 1 | Prepare report on irrigation capacities and function of the reuse system, in accordance with Condition IV.15. of this permit | November 1, 2003 |

[62-620.320(1) and (2)] [62-4.070(3)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.[62-604.130(4)]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600.400(2)(b)]

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8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]

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8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]

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17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.

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b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

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- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

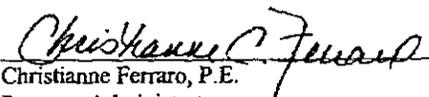
23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


Christianne Ferraro, P.E.
Program Administrator
Water Facilities

DATE: April 9, 2003



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA E-MAIL TO: <mailto:JMLivarcik@aquaamerica.com>

March 12, 2007

AQUA UTILITIES FLORIDA INC
1100 THOMAS AVENUE
LEESBURG FL 34748

OCD-C-WW-07-0230

ATTENTION JOHN M LIHVARCIC
PRESIDENT

Seminole County - DW
Chuluota WWTF
Wastewater Facility - Permit No. FLA011076

Seminole County - DW
Florida Central Commerce Park WWTF
Wastewater Facility - Permit No. FLA011078
Noncompliance Letter

Dear Mr. Lihvarcik:

On January 31, 2007, Department personnel conducted a Compliance Sampling Inspection (CSI) of Chuluota WWTF and a Compliance Evaluation Inspection (CEI) of Florida Central Commerce Park WWTF. Copies of the inspection reports are enclosed for your review. During the course of the inspections, and/or determined from records on file in this office, the following deficiencies were noted:

Chuluota WWTF

1. The sample pickup tubing on the influent sampler contained residue. This may impact the quality of the sample.
2. The Department has not received a reclaimed water or effluent analysis report that is required annually. A certification, stating that no new non-domestic wastewater discharges have been added to the collection system since the last reclaimed water or effluent analysis was conducted, may be submitted in lieu of the report.
3. A copy of the current license for each certified operator that services this facility was not on-site.
4. Documentation of calibration for the effluent flow meter was not available on-site. Flow measuring devices must be calibrated at least annually.

DOCUMENT NUMBER-DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

Florida Central Commerce Park WWTF

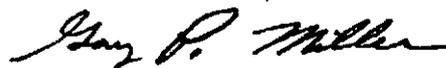
The fecal coliform 75th percentile was not reported on the Discharge Monitoring Reports (DMRs) for February 2006 and January 2007.

Both Facilities

The thermometers in the composite sample refrigerators and the sample storage refrigerators were not verified against the NIST-traceable thermometer.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to David Smicherko at (407) 893-3313.

Sincerely,



Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

GM/ds/ar

Enclosures: Inspection Reports

cc: Patrick Farris, Aqua Utilities Florida Inc, <mailto:PAFarris@aquaamerica.com>

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

| | | | |
|--|-----------------|---------------|-----------------------------------|
| Name and Physical Location of Facility | WAFR ID: | County | Entry Date/Time |
| FLORIDA CENTRALCOMMERCE PARK WWTF 140 HOPE STREET LONGWOOD FL | FLA011078 | Seminole | 1/31/07 8:30 AM |
| | | Phone | @ Exit Date/Time |
| | | | 1/31/07 10:00 AM |
| Name(s) of Field Representative(s) | Title | Phone | |
| BILL TRENDL | SENIOR OPERATOR | 407-509-8398 | |
| Name and Address of Permittee or Designated Representative | Title | Phone | @ Operator Certification # |
| GLENN LABRECQUE AQUA UTILITIES OF FLORIDA INC 6960 PROFESSIONAL PKWYE SUITE 400 SARASOTA FL 34240 | VICE PRESIDENT | | BILL TRENDL A 9184 |

| | | | | |
|---|--|----------------------------------|-------------------------------|-----------------------------|
| Inspection Type | <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I | Samples Taken(Y/N): No | @ Sample ID#: | Samples Split (Y/N): |
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Industrial | Were Photos Taken(Y/N): N | @ Log book Volume : 10 | @ Page 37 |

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

| | | | | | | | |
|----|--------------------------|----|-----------------------|----|-----------------------------|----|------------------------|
| IC | 1. ♦Permit | NE | 3. Laboratory | IC | 6. ♦ Facility Site Review | NC | 9. ♦Effluent Quality |
| IC | 2. ♦Compliance Schedules | NC | 4. Sampling | IC | 7. Flow Measurement | IC | 10. ♦Effluent Disposal |
| | | NC | 5. ♦Records & Reports | IC | 8. ♦Operation & Maintenance | IC | 11. Residuals/Sludge |
| NE | 13. Other: | | | | | NA | 12. Groundwater |

| | | | |
|--|--|---|--|
| Facility and/or Order Compliance Status: | <input type="checkbox"/> In-Compliance | <input checked="" type="checkbox"/> Out-Of-Compliance | <input type="checkbox"/> Significant-Out-Of-Compliance |
| Recommended Actions: Noncompliance Letter | | | |
| Name(s) and Signature(s) of Inspector(s) | <i>David Smicherko</i> | District Office/Phone Number | Date |
| | | Central District 407-893-3313 | 3/6/07 |
| Name(s) and Signature(s) of Reviewer | <i>Kalina Warren</i> | District Office/Phone Number | Date |
| | | Central District 407-893-3313 | March 7, 2007 |

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

| | | | | | |
|-------------------------|---------------------|-----------------|------------------|------------------|-----------------|
| Transaction Code | NPDES Number | YR/MO/DA | Insp Type | Inspector | Fac Type |
| N 3 | | | 1 | 2 | 3 |

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

INSPECTION COMMENTS

PERMIT: In Compliance

The FDEP Permit Number FLA011078 expires April 7, 2008. A copy of the permit is on-site. The permit authorizes the operation of a 0.095 MGD annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment facility (WWTF) consisting of flow equalization, influent screening, aeration, secondary clarification, chemical feed facilities, filtration chlorination, a 3 day (0.285 MG) reject storage pond with provisions for treatment, and aerobic digestion of residuals. The permit also authorizes the construction of a 10,000 gallon surge tank.

COMPLIANCE SCHEDULES: In Compliance

There are items in Section VI. Schedules of the permit have been completed.

LABORATORY: Not Evaluated

The facility uses Harbor Branch Laboratory Department of Health Certification Number E83509 as its contract laboratory.

SAMPLING: Out of Compliance

The calibration of the HACH CL-17 continuous chlorine analyzer is checked with a HACH DR 820 meter. Secondary gel standards are used to check the calibration of the DR 820 meter. All guidelines for using the secondary gel standards are followed.

The calibration of the HACH 1720 D continuous turbidimeter is checked with a HACH 2100P portable meter. The calibration of the portable meter is checked daily with secondary standards and quarterly with primary standards. Turbidity and TSS are sampled prior to disinfection.

A pHtestr 10 pen-type pH meter is standardized with two buffers (7, and 10 SU) buffer. Fresh buffers are used daily. The buffers were within expiration date.

Sample chains of custody were filled out properly. The inline instruments are calibrated annually.

The thermometers in the sample storage refrigerators are not being checked against a NIST certified thermometer.

RECORDS AND REPORTS: Out of Compliance

The operator's logbook shows a certified operator on-site 7 days/week for at least 6 hrs/day. The lead operator is a class A. Lab and operator certifications are on-site as well as O&M manuals. A review of the Discharge Monitoring Reports (DMRs) from February 2006 to January 2007 showed the following reporting deficiencies:

The fecal coliform 75th percentile was not recorded on the DMRs for February 2006 and January 2007.

FACILITY SITE REVIEW: In Compliance

ACCESS: The facility has a continuous fence and a gate with a lock. The gate is open when the plant is staffed.

HEADWORKS: The headworks consists of two surge tanks, splitter box and barscreen. Screenings go into a covered trash container.

AERATION BASIN: Two blowers only one used at a time. Good air distribution was noted. Mixed liquor was black in color due to the industrial nature of the influent.

CLARIFIER: The clarifier exhibited good settling. The skimmer and RAS were working. The weir was in good condition and the effluent was clear.

SAND FILTERS: Two gravity flow sand filters. The backwash is automatic. Backwashing is performed on a float system. Chlorine is added periodically for maintenance.

CHLORINE CONTACT CHAMBER (CCC): The CCC is covered. The effluent was clear.

DISINFECTION: Sodium hypochlorite is used for disinfection. It is stored in a 500 gal. container. There are two Stenner pumps, one is in use one is for backup.

CHEMICAL FEED: Polymer can be added to the plant as a coagulation agent. Currently the polymer is not added.

DIGESTER: Storage available.

BACKFLOW PREVENTION: The reduced pressure zone (RPZ) backflow device appeared to be in satisfactory condition (no leaks).

FLOW MEASUREMENT: In Compliance

The FLW-1 flow meter was last calibrated July 22, 2006. The primary device is a 90° V-notch weir. The flow meter set up appears to be correct. The FLW-2 reuse meter was calibrated on July 22, 2002.

OPERATION AND MAINTENANCE: In Compliance

The facility grounds are well maintained. The Operating Protocol is on site and available to the operators.

EFFLUENT QUALITY: Out of Compliance

A review of the Discharge Monitoring Reports from February 2006 to January 2007 showed the following deficiency:

The TSS result reported on the DMR for June 2006 was 7.2 mg/L this exceeded the permit limit of 5.0 mg/L. This was reported the Department.

EFFLUENT DISPOSAL: In Compliance

The berms of the holding pond and reject pond were in good condition. There are three effluent pumps for the reuse area. Advisory sign were noted at the reuse area. There was no standing water noted in the reuse area. The operations staff tours the reuse zones to evaluate system's performance and adjust timers accordingly to prevent effluent runoff or ponding on a weekly basis.

RESIDUALS/SLUDGE: In Compliance

The facility has an agreement with American Pipe and Tank Inc. for sludge hauling and treatment. Hauling tickets are kept on-site.

GROUNDWATER: N/A

The facility is permitted for 0.095 MGD AADF and is not required to have a groundwater monitoring program.

A UA
Utilities Florida.

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

April 13, 2007

David Smicherko
Environmental Specialist
FDEP Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803

**RE: Reply to Compliance Evaluation Inspections
Chuluota WWTF
Facility ID No. FLA011076**

**Florida Commerce Park WWTF
Facility ID No. FLA011078
Seminole County**

Dear Mr. Smicherko:

The purpose of the correspondence is to provide a written response as requested in your March 12, 2007 letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Chuluota WWTF:

1. The sample tubing has been replaced.
2. The effluent analysis report is enclosed.
3. Copies of all the current operators' licenses have been placed on-site.
4. The flow meter calibration is enclosed.

Florida Central Commerce Park WWTF:

1. The revised DMR's for February 2006 and January 2007 are enclosed.

Both Facilities:

1. New thermometers have been ordered, these will contain the initial calibration/verification sheet which will be good for one year. Aqua Utilities Florida will order new thermometers each year to maintain compliance.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosures: 2006 Effluent Analysis Report
Current Flow Meter Calibration
Revised DMRs

cc: Bill Trendel, via e-mail
Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail



RECLAIMED WATER OR EFFLUENT ANALYSIS REPORT

Part I - Instructions

- (1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.
- (2) All information is to be typed or printed in ink.
- (3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.
- (4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.
- (5) The following instructions apply to Parts III through VIII of this form.
- (6) Column (a) - List the parameters that are to be analyzed.
- (7) Column (b) List the STORET Code for these parameters.
- (8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. <0.01).
- (9) Column (d) - List the primary or secondary drinking water standard from Chapter 62-550, F.A.C.
- (10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 62-601, F.A.C., or from other sources.
- (11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).
- (12) Column (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

- (1) Facility Name: Chuluota WWTF
- Address: 125 East 10th Street
- City: Chuluota State: FL Zip: 32860
- Telephone Number (including area code): (352)787-0980

(2) Owner or Authorized Representative

Name: Aqua Utilities Florida, Inc. John M. Lihvarcik

Title: President

Address: 1100 Thomas Avenue

City: Leesburg State: FL Zip: 34748

Telephone including area code: (352) 787-0980

(3) Method of Discharge: Sprayfield

(4) Report Period 1/1/2006 To 12/31/2006
(Beginning Date) (End Date)

(5) Name of Laboratory conducting the analysis: Harbor Branch Environmental Laboratory

Address: 5600 U.S. 1 North

City: Fort Pierce State: FL Zip: 34946

Telephone including area code: (772) 465-2400

(6) The facility DEP identification number (WAFR or GMS ID #): FLA011076

(7) DEP test site identification number (for the sampling location) EFA-1

(8) Description of the monitoring point: Chlorine Contact Chamber Effluent

(9) Date on which the sample was taken (MM/DD/YR) 11/30/06

Time of day at which the sample was taken 10:00 AM PM

(10) Date of extraction for the organic chemical analysis performed in Part VI 504: 12/13/06 (MM/DD/YR)

Part III - Inorganic Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (mg/L) | (d) Standard (mg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Arsenic | 900208 | <0.010 | 0.05 | EPA 200.7 | 12/13/06 | |
| Barium | 900209 | 0.013 | 1.0 | EPA 200.7 | 12/13/06 | |
| Cadmium | 900210 | <0.001 | 0.010 | EPA 200.7 | 12/13/06 | |
| Chromium | 900211 | <0.002 | 0.05 | EPA 200.7 | 12/13/06 | |
| Fluoride | 000951 | <0.22 | 4.0 | EPA 300.0 | 12/01/06 | |
| Lead | 900212 | <0.003 | 0.05 | EPA 200.7 | 12/13/06 | |
| Mercury | 900213 | <0.0005 | 0.002 | EPA 245.1 | 12/20/06 | |
| Nitrate (as N) | 071850 | 10 | 10 | EPA 300/0 | 12/01/06 | |
| Selenium | 900214 | <0.010 | 0.01 | EPA 200.7 | 12/13/06 | |
| Silver | 900215 | <0/001 | 0.05 | EPA 200.7 | 12/13/06 | |
| Sodium | 000929 | 160 | 160 | EPA 200/7 | 12/13/06 | |

Part IV - Volatile Organic Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Ethylene dibromide | 900222 | <0.019 | 0.02 | EPA 504 | 12/14/06 | |
| Para-dichlorobenzene | -- | <1 | 75 | EPA 624 | 12/13/06 | |
| Vinyl Chloride | 039175 | <1 | 1 | EPA 624 | 12/13/06 | |
| 1,1-dichloroethane | 034496 | <1 | 7 | EPA 624 | 12/13/06 | |
| 1,2-dichloroethane | 034531 | <1 | 3 | EPA 624 | 12/13/06 | |
| 1,1,1-trichloroethane | 034506 | <1 | 200 | EPA 624 | 12/13/06 | |
| Carbon tetrachloride | 032102 | <1 | 3 | EPA 624 | 12/13/06 | |
| Trichloroethene | -- | <1 | 3 | EPA 624 | 12/13/06 | |
| Tetrachloroethene | -- | <1 | 3 | EPA 624 | 12/13/06 | |
| Benzene | 034030 | <1 | 1 | EPA 624 | 12/13/06 | |

Part V - Trihalomethane Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Total THM | 082080 | 120 | 100 | EPA 624 | 12/13/06 | * |

Part VI - Organic Chemical Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (µg/L) | (d) Standard (µg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Endrin | 039390 | <0.098 | 0.02 | EPA 608 | 12/6/06 | * |
| Lindane | 039782 | <0.049 | 4 | EPA 608 | 12/6/06 | |
| Methoxychlor | 039480 | <0.20 | 100 | EPA 608 | 12/6/06 | |
| Toxaphene | 039400 | <0.98 | 5 | EPA 608 | 12/6/06 | |
| 2,4-D | 039730 | <1.2 | 100 | EPA 615 | 12/8/06 | |
| 2,4,5-TP (Silvex) | 039760 | <0.097 | 10 | EPA 615 | 12/8/06 | |

Part VII - Radiological Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (pCi/L) | (d) Standard (pCi/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--|-----------------------|-----------------------------------|----------------------------|-----------------------------|-------------------------|--------------------------|
| Gross alpha excl. radon and uranium | 001519 | 1.9 +/- 1/6 | 15 | EPA 900.0 | 12/21/06 | |
| Radium-226 and Radium-228 combined | 011503 | 2.2 +/- 1.4 0.0 +/- 0.7 | 5 | EPA 903.1 EPA Ra-05 | 12/19/06 | |

Part VIII - Secondary Chemical Analysis

| (a) Parameter Name | (b) STORET Code | (c) Analysis Result (mg/L) | (d) Standard (mg/L) | (e) Analytical Method | (f) Analysis Date | (g) Above Standard |
|--------------------------|-----------------------|----------------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Chloride | 000940 | 210 | 250 | EPA 300.0 | 12/5/06 | |
| Copper | 900218 | 0.0031 | 1 | EPA 200.7 | 12/13/06 | |
| iron | 900219 | <0.040 | 0.3 | EPA 200/7 | 12/13/06 | |
| Manganese | 900220 | 0.012 | 0.05 | EPA 200.7 | 12/13/06 | |
| Sulfate | 000945 | 39 | 250 | EPA 300.0 | 12/5/06 | |
| Zinc | 900221 | 0.063 | 5 | EPA 200.7 | 12/13/06 | |
| pH (units) | 000403 | 7.76 | 6.5 - 8.5 | EPA 150.1 | 12/10/07 | |
| TDS | 070300 | 650 | 500 | EPA 160.1 | 12/5/06 | * |
| Foaming Agents | 900217 | 0.062 | 0.5 | EPA 425.1 | 12/1/06 | |

Part IX - Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 4/11/07

Phone: (407) 509-8398

William Trendel

Signature of Lead Operator

William Trendel A-9184

Name (please type) and Certification Number

140 Hope St.

Address

Longwood, FL 32750

01/30/2007 12:01 2156746300

ABB INC

PAGE 01/06

Magnetic Flowmeter Calibration Test Report

| | |
|----------------------------|-----------------------------|
| Serial No.:05W032979 | Date :19 DEC 2005 |
| Sales Order No.:393645 | Line Item:1 |
| Meter Size :10 inch(250mm) | Model No.:MFF251342181008ER |
| Sec. Serial No.:05W032980 | Sec Model No.:MFE4ER140111 |
| Max Flow: 6000.000 GPM | Sp. Gr. : 1.000 |
| Sensor Factor 1 :1.3121 | Sensor Factor 2 : +0.0 |
| Sensor Factor 3 : 5 | Sensor Factor 4 :1.0000 |

| Run # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 4772.887 | 4772.557 | -.007 |
| 02 | 2513.123 | 2512.292 | -.033 |
| 03 | 909.503 | 909.626 | +.014 |

All Flowmeters are calibrated in accordance with ANSI/E540 and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Warrminster facility is certified to ISO 9001.

This Calibration report may not be reproduced, except in full, without written permission.

Hydraulic test performed by:G. Myers

Required Accuracy:0.15% of Rate

TEST EQUIPMENT :
E0879 TIMER
E3222 DVM
M0133 SCALE (100000 LB)
T0247 THERMISTOR
E0397 COUNTER

PORTABLE.BAS Rev 4, RAM 050302 14:19:36

Magnetic Flowmeter Calibration Test Report

| | |
|----------------------------|-----------------------------|
| Serial No.:05W032979 | Date :19 DEC 2005 |
| Sales Order No.:393645 | Line Item:3 |
| Meter Size :10 inch(250mm) | Model No.:MFF251342181008ER |
| Sec. Serial No.:05W032980 | Sec Model No.:MFE4ER140111 |
| Max Flow: 6000.000 GPM | Sp. Gr. : 1.000 |

| # | Instruction | Answer Back |
|---|----------------------|---|
| 1 | Login3*1*kuwb | 3*1*kuwbLogin En 1>3 > |
| 2 | set Max flow unit42* | 42*4*1Flow Unit UGal 4>1 > |
| 3 | Set Flow mult 1433*1 | 433*1Flow Mult 3>1 > |
| 4 | totalizer71*4*1 | 71*4*1Tot Unit UGal 4>1 > |
| 5 | tot multiplier723*1 | 723*1Tot Mult 3>1 > |
| 6 | Set Time units44*2*1 | 44*2*1Flow Time Min 2>1 > |
| 7 | Max Flow1*6000 | 41*6000Flow Rng 1> 6000.00000 > 6000.00000 |
| 8 | Read Q>1*1 | 1*1Read Flow 1> 1051.62? > |
| 9 | Quitg | qRead 1> >ByeABB Kent-TaylorProcess MagmasterV 1. |

PORTABLE.BAS Rev 4, RAM 050302 14:19:36

Magnetic Flowmeter Calibration Test Report

Serial No.:05W032977 Date :20 DEC 2005
Sales Order No.:393645 Line Item:1
Meter Size :6 inch(150mm) Model No.:MFE151342181008ER
Sec. Serial No.:05W032978 Sec Model No.:MFE4ER140111
Max Flow: 600.000 GPM Sp. Gr. : 1.000

Sensor Factor 1 :1.6591 Sensor Factor 2 :1-20.0
Sensor Factor 3 : 5 Sensor Factor 4 :1.0000

| Rpn # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 588.845 | 588.947 | +0.17 |
| 02 | 290.845 | 291.338 | +1.70 |
| 03 | 84.171 | 84.241 | +0.83 |

All Flowmeters are hydraulically calibrated in accordance with ANSI/2540 and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Warminster facility is certified to ISO 9001.

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Hydraulic test performed by:C. McMillan

Required Accuracy:0.2% of Rate

TEST EQUIPMENT USED :
E3222 VOLTMETER
E3074 8L FREQ. COUNTER
T0108 THERMISTOR
M0131 15,000 LB SCALE
R0096 8L 6 Inch Master

FLOW LOOPS REV 14-080501 12:59:39 0 54 53

Magnetic Flowmeter Calibration Test Report

Serial No.: 05W032977 Date: 20 DEC 2005
Sales Order No.: 393645 Line Item: 1
Meter Size: 6 inch (150mm) Model No.: MFE151342181008ER
Sec. Serial No.: 05W032978 Enc Model No.: MFE4ER140111
Max Flow: 600.000 GPM Sp. Gr.: 1.000

```
## Instruction Answer Back
1 Login 3*1*kuwb 3*1*kuwb ABB Kent-Taylor Process Magmaster V 1.10 17
2 set Max flow unit 42*4*1 Flow Unit UGal 4>1 *
3 Set Flow mult 1433*1 433*1 Flow Mult 3>1 >
4 totalizer 71*4*1 71*4*1 Tot Unit UGal 4>1 >
5 tot multiplier 723*1 723*1 Tot Mult 3>1 >
6 Set Time units 44*2*1 44*2*1 Flow Time Min 2>1 >
7 Max Flow 41*600 41*600 Flow Rng 1> 600.00000 > 600.00000
8 Read Q 1*1 1*1 Read Flow 1> 291.36? >
Meter check Actual Flow : 290.84 Indicated Flow : 291.36
9 Error was : +.18
9 quitq qRead 1> >Byc ABB Kent-Taylor Process Magmaster V 1.
```

LOOPS KFDL RM, 230801 12:59:39

Magnetic Flowmeter Calibration Test Report

| | |
|---------------------------|-----------------------------|
| Serial No.:05W032568 | Date :20 DEC 2005 |
| Sales Order No.:392922 | Line Item:3 |
| Meter Size :4 inch(100mm) | Model No.:MFE101341801004EH |
| Sec. Serial No.:05W032569 | Sec Model No.:MFE4EH140311 |
| Max Flow: 600.000 GPM | Sp. Gr. : 1.000 |
| Sensor Factor 1 :1.1665 | Sensor Factor 2 : -19.0 |
| Sensor Factor 3 : 5 | Sensor Factor 4 :1.0000 |

| Run # | Actual GPM | Indicated GPM | Error % Rate |
|-------|------------|---------------|--------------|
| 01 | 482.971 | 483.208 | +0.049 |
| 02 | 247.334 | 247.693 | +0.145 |
| 03 | 75.320 | 75.416 | +0.128 |

All Flowmeters are hydraulically calibrated in accordance with ANSI/Z540 and are traceable to the NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY. The ABB Automation Inc., Instrumentation Division, Warminster facility is certified to ISO 9001.

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Hydraulic test performed by:C. McMillan

Required Accuracy:0.2% of Rate

TEST EQUIPMENT USED :
E3222 VOLTMETER
E3072 4H FREQ. COUNTER
T0108 THERMISTOR
M0131 15,000 LB SCALE
R0043 4K-3 Inch Master
R0044 4K-2 Inch Master

FLOW LOOPS REV 14-080501 08:28:07 0 15 34

Magnetic Flowmeter Calibration Test Report

| | |
|---------------------------|-----------------------------|
| Serial No.:05W032568 | Date :20 DEC 2005 |
| Sales Order No.:392922 | Line Item:3 |
| Meter Size :4 inch(100mm) | Model No.:MFE101341801004EE |
| Sec. Serial No.:05W032569 | Sec Model No.:MFE4EH140311 |
| Max Flow: 600.000 GPM | Sp. Gr. : 1.000 |

```

##      Instruction          Answer Back
1 Login3*1*kuwb           3*1*kuwbLogin En 1>3 >
2 set Max flow unit42*   42*4*1Flow Unit UGal 4>1 >
3 Set Flow mult 1433*1   433*1Flow Mult    3>1 >
4 totalizer71*4*1       71*4*1Tot Unit UGal 4>1 >
5 tot multiplier723*1    723*1Tot Mult    3>1 >
6 Set Time units44*2*1   44*2*1Flow Time Min 2>1 >
7 Max Flow41*600        41*600Flow Rng 1> 600.00000 > 600.00000 600.000
8 Read Q>1*1           1*1Read Flow 1> 75.367 >
Meter check Actual Flow : 75.32 Indicated Flow : 75.36
% Error was : +.05
9 quitq                 qRead 1> Bye>ABB Kent-TaylorProcess MagmasterV 1.

```

LOOPS RTDL RM,230801 08:28:07

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD--From:

02/01/2005 To:

02/28/2005

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type | |
|--|---------------------|-------------------|--------------------------|----------|------------|-----------------------|-------------|------|
| Coliform, Fecal. % less than detection | Sample Measurement | | 100% | #/100mL | 0 | 3 Days/Week | Grab | |
| PARM Code, 51005 I Mon. Site No. EFA-1 | Permit Measurement | | 75 (Min.) | #/100mL | | 3 Days/Week | Grab | |
| Coliform, Fecal | Sample Measurement | | | 1U | #/100mL | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | Permit Measurement | | | 25 (Max) | #/100mL | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | 1.0 | MG/L | 0 | Continuous | analyzer | |
| PARM Code, 50060 A Mon. Site No. EFA-1 | Permit Measurement | | 1.0 (Min) | MG/L | | Continuous | analyzer | |
| Turbidity | Sample Measurement | | 1.90 | NTU | 0 | Continuous | analyzer | |
| PARM Code, 00070 I Mon. Site No. EFA-1 | Permit Measurement | | Report (Max) | NTU | | Continuous | analyzer | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 180 | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 80082 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab | |
| Solids, Total Suspended | Sample Measurement | | 340 | MG/L | 0 | Every Two Weeks | Grab | |
| PARM Code, 00530 G Mon. Site No. INF-1 | Permit Measurement | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab | |
| Flow | Sample Measurement | 0.055 | | MG/D | 0 | 5 Days/Week | | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | Permit Measurement | 0.095 (An. Avg.) | | MG/D | | 5 Days/Week | | |
| Flow | Sample Measurement | 0.046 | 0.051 | MG/D | 0 | 5 Days/Week | | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Permit Measurement | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | 5 Days/Week | | |
| Percent Capacity, (TMADF/Permitted Capacity) X 100 | Sample Measurement | | 53.3% | | 0 | Percent | Calculated | |
| PARM Code, 00180 I Mon. Site No. FLW-1 | Permit Measurement | | Report | | | Percent | Calculated | |
| | Sample Measurement | | | | | | | |
| | Permit Measurement | | | | | | | |

Revised

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From:

01/01/2007 To:

01/31/2007

| Parameter | Quantity of Loading | Units | Quality or Concentration | Units | No. of Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|---------------------|--------------------------|----------|------------|-----------------------|-------------|
| Coliform, Fecal, % less than detector | | | 100% | | 1 | 3 Days/Week | Grab |
| PARM Code, 51005 I Mon. Site No. EFA-1 | | | 75 (Min.) | | | 3 Days/Week | Grab |
| Coliform, Fecal | | | | 1.0 | 0 | 3 Days/Week | Grab |
| PARM Code, 74055 I Mon. Site No. EFA-1 | | | | 25 (Max) | | 3 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | | | 1.0 | MG/L | 0 | Continuous | analyzer |
| PARM Code, 50060 A Mon. Site No. EFA-1 | | | 1.0 (Min) | MG/L | | Continuous | analyzer |
| Turbidity | | | 2.00 | NTU | 0 | Continuous | analyzer |
| PARM Code, 00070 I Mon. Site No. EFA-1 | | | Report (Max) | NTU | | Continuous | analyzer |
| BOD, Carbonaceous 5 day, 20C | | | 62 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 80082 G Mon. Site No. INF-1 | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Solids, Total Suspended | | | 161 | MG/L | 0 | Every Two Weeks | Grab |
| PARM Code, 00530 G Mon. Site No. INF-1 | | | Report (Mo. Avg.) | MG/L | | Every Two Weeks | Grab |
| Flow | 0.046 | MG/D | | | 0 | 5 Days/Week | |
| PARM Code, 50050 P Mon. Site No. FLW-1 | 0.095 (An. Avg.) | MG/D | | | | 5 Days/Week | |
| Flow | 0.044 | 0.046 | MG/D | | 0 | 5 Days/Week | |
| PARM Code, 50050 Q Mon. Site No. FLW-1 | Report (Mo. Avg.) | Report (3-Mo. Avg.) | MG/D | | | 5 Days/Week | |
| Percent Capacity, (TMAOP/Permitted Capacity) X 100 | | | 48.8% | | 0 | Percent | Calculated |
| PARM Code, 00180 I Mon. Site No. FLW-1 | | | Report | | | Percent | Calculated |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Revised

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Harmony Homes | | PWS Identification Number: 3590497 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 64 | | Total Population Served at End of Month: 158 | |
| PWS Owner: Aqua Utilities, Florida | | | |
| Contact Person: William Trendel | | Contact Person's Title: Senior Operator | |
| Contact Person's Mailing Address: P.O. Box 490310 | | City: Leesburg | State: Florida |
| Contact Person's Telephone Number: (407) 339-5424 | | Contact Person's Fax Number: (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|----------------|
| Plant Name: Harmony Homes | | Plant Telephone Number: 407-339-5424 | |
| Plant Address: 101 Plymouth Avenue | | City: Altamonte Spr | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32701 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| Operator Name | License Class | License Number | Day(s) Shift(s) Worked |
|-------------------|---------------|----------------|------------------------|
| William Trendel | C | 6411 | Days 1st Shift |
| Terrence McCarthy | C | 4617 | Days 1st Shift |
| | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel
Signature and Date 2/1/07

William Trendel
Printed or Typed Name

C-6411
License Number

04332 MAY 22 8

FPSC-COMMISSION CLERK

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: January, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day | Flow (MGD) | Chlorine Applied (lbs) | Free Chlorine Residual (mg/L) | Chlorine Dioxide Residual (mg/L) | Ozone Residual (mg/L) | Combined Chlorine Residual (mg/L) | Total Residual (mg/L) | Temperature (°F) | pH | Other |
|---------|------------|------------------------|-------------------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------|------------------|----|-------|
| 1 | 24.0 | 12,000 | 1.4 | | | | 1.2 | | | |
| 2 | 24.0 | 9,300 | 1.6 | | | | 1.4 | | | |
| 3 | 24.0 | 13,200 | 0.6 | | | | 0.6 | | | |
| 4 | 24.0 | 12,300 | 2.4 | | | | 2.0 | | | |
| 5 | 24.0 | 11,600 | 1.3 | | | | 1.2 | | | |
| 6 | 24.0 | 11,600 | 2.0 | | | | 1.5 | | | |
| 7 | 24.0 | 13,300 | | | | | | | | |
| 8 | 24.0 | 13,300 | 1.4 | | | | 1.2 | | | |
| 9 | 24.0 | 11,700 | 1.7 | | | | 1.5 | | | |
| 10 | 24.0 | 11,500 | 1.4 | | | | 1.2 | | | |
| 11 | 24.0 | 16,800 | 1.6 | | | | 1.3 | | | |
| 12 | 24.0 | 8,400 | 1.2 | | | | 1.1 | | | |
| 13 | 24.0 | 14,450 | | | | | | | | |
| 14 | 24.0 | 14,450 | 0.6 | | | | 0.6 | | | |
| 15 | 24.0 | 13,600 | 1.3 | | | | 0.9 | | | |
| 16 | 24.0 | 16,200 | 1.8 | | | | 1.6 | | | |
| 17 | 24.0 | 15,900 | 2.1 | | | | 1.8 | | | |
| 18 | 24.0 | 10,200 | 2.7 | | | | 2.2 | | | |
| 19 | 24.0 | 15,100 | 1.0 | | | | 0.8 | | | |
| 20 | 24.0 | 9,900 | 1.6 | | | | 1.4 | | | |
| 21 | 24.0 | 14,300 | | | | | | | | |
| 22 | 24.0 | 14,300 | 1.7 | | | | 1.4 | | | |
| 23 | 24.0 | 11,700 | 2.0 | | | | 1.7 | | | |
| 24 | 24.0 | 14,000 | 1.8 | | | | 1.7 | | | |
| 25 | 24.0 | 10,400 | 2.3 | | | | 1.9 | | | |
| 26 | 24.0 | 12,300 | 1.5 | | | | 1.4 | | | |
| 27 | 24.0 | 12,000 | | | | | | | | |
| 28 | 24.0 | 12,000 | 1.7 | | | | 1.3 | | | |
| 29 | 24.0 | 10,100 | 1.5 | | | | 1.3 | | | |
| 30 | 24.0 | 17,000 | 1.2 | | | | 1.2 | | | |
| 31 | 24.0 | 12,800 | 1.6 | | | | 1.4 | | | |
| Total | | 397,900 | | | | | | | | |
| Average | | 12,837 | | | | | | | | |
| Minimum | | 17,000 | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



#VALUE!

See Pages 4 for Instructions.

I. General Information for the Month/Year of: February 2007

A. Public Water System (PWS) Information

| | | | |
|--|---|--|-----------------|
| PWS Name: | Harmony Homes | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, Florida | | |
| Contact Person: | William Trendel | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg |
| | | State: | Florida |
| | | Zip Code: | 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | |

B. Water Treatment Plant Information

| | | | |
|---|--|---|---------------|
| Plant Name: | Harmony Homes | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | City: | Altamonte Spr |
| | | State: | Florida |
| | | Zip Code: | 32701 |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |

| Name | License Class | License Number | Day(s)/ Shift(s) Worked |
|-------------------|---------------|----------------|-------------------------|
| William Trendel | C | 6411 | Days 1st Shift |
| Terrence McCarthy | C | 4617 | Days 1st Shift |
| | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 3/2/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Flow (MGD) | Chlorine (mg/L) | Chlorine Residuals (mg/L) at various points in the system | | | | | | | | | | | | |
|------|------------|-----------------|---|---|---|---|---|---|---|---|---|----|--|--|-----|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| 24.0 | 12,200 | | 1.9 | | | | | | | | | | | | 1.6 |
| 24.0 | 12,100 | | 1.5 | | | | | | | | | | | | 1.4 |
| 24.0 | 11,100 | | 1.8 | | | | | | | | | | | | 1.5 |
| 24.0 | 13,150 | | | | | | | | | | | | | | |
| 24.0 | 13,150 | | 1.0 | | | | | | | | | | | | 0.7 |
| 24.0 | 10,800 | | 0.5 | | | | | | | | | | | | 0.5 |
| 24.0 | 12,100 | | 1.8 | | | | | | | | | | | | 1.4 |
| 24.0 | 12,900 | | 1.7 | | | | | | | | | | | | 1.5 |
| 24.0 | 13,200 | | 1.2 | | | | | | | | | | | | 1.2 |
| 24.0 | 12,600 | | 1.6 | | | | | | | | | | | | 1.4 |
| 24.0 | 13,450 | | | | | | | | | | | | | | |
| 24.0 | 13,450 | | 1.5 | | | | | | | | | | | | 1.4 |
| 24.0 | 11,100 | | 1.6 | | | | | | | | | | | | 1.4 |
| 24.0 | 11,200 | | 2.1 | | | | | | | | | | | | 1.8 |
| 24.0 | 10,800 | | 2.1 | | | | | | | | | | | | 1.8 |
| 24.0 | 12,800 | | 0.8 | | | | | | | | | | | | 0.8 |
| 24.0 | 16,500 | | 0.5 | | | | | | | | | | | | 0.5 |
| 24.0 | 9,350 | | | | | | | | | | | | | | |
| 24.0 | 9,350 | | 2.2 | | | | | | | | | | | | 1.7 |
| 24.0 | 13,700 | | 1.2 | | | | | | | | | | | | 1.2 |
| 24.0 | 12,100 | | 2.1 | | | | | | | | | | | | 1.8 |
| 24.0 | 13,000 | | 1.8 | | | | | | | | | | | | 1.5 |
| 24.0 | 12,400 | | 2.2 | | | | | | | | | | | | 1.7 |
| 24.0 | 13,500 | | | | | | | | | | | | | | |
| 24.0 | 13,500 | | 1.8 | | | | | | | | | | | | 1.5 |
| 24.0 | 13,800 | | 1.7 | | | | | | | | | | | | 1.6 |
| 24.0 | 12,700 | | 2.1 | | | | | | | | | | | | 1.8 |
| 24.0 | 15,500 | | 1.2 | | | | | | | | | | | | 1.2 |
| 24.0 | | | | | | | | | | | | | | | |
| 24.0 | | | | | | | | | | | | | | | |
| 24.0 | | | | | | | | | | | | | | | |
| | 351,500 | | | | | | | | | | | | | | |
| | 12,554 | | | | | | | | | | | | | | |
| | 16,500 | | | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: March, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| (If Calculations are Not Done, to Determine Four-Log Virus Inactivation, if Applicable) | | | | | | | | | | | | |
|---|------|------------|----------------------|--------------------------|----|------------------|-----------------------|----------------------|-------------------------|--------------|--------------------------|--------------|
| Date | Time | Flow (MGD) | Chlorine Dose (mg/L) | Chlorine Residual (mg/L) | pH | Temperature (°F) | Total Chlorine (mg/L) | Free Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (mg/L) | Other (mg/L) |
| | | | | | | | | | | | | |
| 24.0 | | 12,700 | | 2.0 | | | | | | | | 1.7 |
| 24.0 | | 12,200 | | 1.4 | | | | | | | | 1.4 |
| 24.0 | | 16,700 | | 0.6 | | | | | | | | 0.6 |
| 24.0 | | 11,800 | | | | | | | | | | 1.5 |
| 24.0 | | 11,800 | | 2.1 | | | | | | | | 1.8 |
| 24.0 | | 10,300 | | 2.2 | | | | | | | | 1.8 |
| 24.0 | | 12,800 | | 2.1 | | | | | | | | 1.5 |
| 24.0 | | 14,700 | | 2.0 | | | | | | | | 1.3 |
| 24.0 | | 9,800 | | 1.3 | | | | | | | | 1.5 |
| 24.0 | | 12,600 | | 1.8 | | | | | | | | |
| 24.0 | | 15,450 | | | | | | | | | | 0.5 |
| 24.0 | | 15,450 | | 0.5 | | | | | | | | 0.9 |
| 24.0 | | 11,400 | | 1.0 | | | | | | | | 1.3 |
| 24.0 | | 13,300 | | 1.5 | | | | | | | | 1.8 |
| 24.0 | | 14,300 | | 2.0 | | | | | | | | 0.6 |
| 24.0 | | 16,800 | | 0.6 | | | | | | | | 1.0 |
| 24.0 | | 13,900 | | 1.2 | | | | | | | | |
| 24.0 | | 13,700 | | | | | | | | | | 1.1 |
| 24.0 | | 13,700 | | 1.1 | | | | | | | | 1.3 |
| 24.0 | | 11,600 | | 1.4 | | | | | | | | 1.3 |
| 24.0 | | 13,200 | | 1.3 | | | | | | | | 1.1 |
| 24.0 | | 12,400 | | 1.1 | | | | | | | | 0.8 |
| 24.0 | | 12,500 | | 0.8 | | | | | | | | 1.3 |
| 24.0 | | 12,200 | | 1.5 | | | | | | | | |
| 24.0 | | 18,350 | | | | | | | | | | 0.9 |
| 24.0 | | 18,350 | | 1.0 | | | | | | | | 1.0 |
| 24.0 | | 12,000 | | 1.0 | | | | | | | | 0.6 |
| 24.0 | | 17,700 | | 0.6 | | | | | | | | 1.8 |
| 24.0 | | 15,700 | | 2.2 | | | | | | | | 1.4 |
| 24.0 | | 16,400 | | 1.6 | | | | | | | | 1.6 |
| 24.0 | | 12,300 | | 1.8 | | | | | | | | |
| | | 426,100 | | | | | | | | | | |
| | | 13,745 | | | | | | | | | | |
| | | 18,350 | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

-MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2007

A. Public Water System (PWS) Information

| | | | | |
|--|---|--|--|--|
| PWS Name: | Harmony Homes | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| Number of Service Connections at End of Month: | 64 | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, Florida | | | |
| Contact Person: | William Trendel | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg | State: Florida Zip Code: 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | | |

B. Water Treatment Plant Information

| | | | | |
|---|--|---|---|--|
| Plant Name: | Harmony Homes | | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr State: Florida Zip Code: 32701 |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| Licensed Operators | Name | License Class | License Number | Day(s) Shift(s) Worked |
|----------------------|-------------------|---------------|----------------|------------------------|
| Lead/Chief Operator: | William Trendel | C | 6411 | Days 1st Shift |
| Other Operators: | Terrence McCarthy | C | 4617 | Days 1st Shift |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 4/2/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: April, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Plant ID | Date | Time | Net Quantity of Finished Water Produced (gal) | CT Calculations, or UV Doses to Demolish Four-Log Virus Inactivation, if Applicable | | | | Minimum Required Free Chlorine (mg/L) | Minimum UV Dose (mW-sec/cm ²) | Residual at Point of Distribution (mg/L) | Notes |
|----------|------|------|---|---|-------------------------------|---------------------------------|---------------|---------------------------------------|---|--|-------|
| | | | | Peak Flow Rate (gpd) | Residual Concentration (mg/L) | Disinfectant Contact Time (min) | Flow (mg/min) | | | | |
| | | | 24.0 | 16,900 | | | | | | 1.4 | |
| | | | 24.0 | 16,900 | | | | | | 1.4 | |
| | | | 24.0 | 16,900 | | | | | | 1.0 | |
| | | | 24.0 | 17,700 | | | | | | 1.3 | |
| | | | 24.0 | 14,000 | | | | | | 1.5 | |
| | | | 24.0 | 15,900 | | | | | | 1.8 | |
| | | | 24.0 | 14,550 | | | | | | 0.7 | |
| | | | 24.0 | 14,550 | | | | | | 0.9 | |
| | | | 24.0 | 12,000 | | | | | | 1.7 | |
| | | | 24.0 | 10,900 | | | | | | 1.5 | |
| | | | 24.0 | 13,500 | | | | | | 2.0 | |
| | | | 24.0 | 11,400 | | | | | | 0.8 | |
| | | | 24.0 | 14,900 | | | | | | 1.2 | |
| | | | 24.0 | 17,300 | | | | | | 1.4 | |
| | | | 24.0 | 13,850 | | | | | | 1.5 | |
| | | | 24.0 | 13,850 | | | | | | 1.5 | |
| | | | 24.0 | 11,600 | | | | | | 0.6 | |
| | | | 24.0 | 16,800 | | | | | | 1.5 | |
| | | | 24.0 | 12,700 | | | | | | 0.6 | |
| | | | 24.0 | 15,800 | | | | | | 1.2 | |
| | | | 24.0 | 12,400 | | | | | | 1.4 | |
| | | | 24.0 | 14,050 | | | | | | 1.4 | |
| | | | 24.0 | 14,050 | | | | | | 1.4 | |
| | | | 24.0 | 13,000 | | | | | | 1.8 | |
| | | | 24.0 | 14,500 | | | | | | 2.0 | |
| | | | 24.0 | 11,400 | | | | | | 1.0 | |
| | | | 24.0 | 16,800 | | | | | | 1.7 | |
| | | | 24.0 | 13,000 | | | | | | 2.0 | |
| | | | 24.0 | 14,450 | | | | | | 1.2 | |
| | | | 24.0 | 14,450 | | | | | | 1.2 | |
| | | | 24.0 | | | | | | | | |
| Total | | | 430,100 | | | | | | | | |
| Average | | | 14,337 | | | | | | | | |
| Maximum | | | 17,700 | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2007

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-----------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, Florida | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Loesburg | State: | Florida |
| Contact Person's Telephone Number: | (407)339-5424 | | | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|---|-----------------------|---|---------------|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | | | City: | Altamonte Spr |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | State: | Florida |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | Zip Code: | 32701 |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | William Trendel | C | 6411 | Days 1st Shift | |
| Other Operators: | | | | | |
| | Terrence McCarthy | C | 4617 | Days 1st Shift | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 6/6/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2007

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-----------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, Florida | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (407)339-5424 | | | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---|--|---|---------------|--|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | | City: | Altamonte Spr | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |

| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked |
|---------------------|-------------------|---------------|----------------|--------------------------|
| Lead/Chief Operator | William Trendel | C | 6411 | Days 1st Shift |
| Other Operators | Terrence McCarthy | C | 4617 | Days 1st Shift |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 7/1/07
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: June, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Plant | Flow (MGD) | Calculation of Daily Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | Minimum Chlorine Residual (mg/L) | Daily Dose (mg/L) |
|------|-------|------------|---|-----------------------------------|----------------------------------|-------------------|
| | | | Free Chlorine (mg/L) | Free Chlorine (mg/L) x Time (min) | | |
| 24.0 | | 15,900 | | 1.6 | | 1.4 |
| 24.0 | | 12,600 | | 2.5 | | 2.0 |
| 24.0 | | 13,050 | | | | |
| 24.0 | | 13,050 | | 1.6 | | 1.4 |
| 24.0 | | 14,500 | | 1.2 | | 1.0 |
| 24.0 | | 13,300 | | 1.3 | | 1.0 |
| 24.0 | | 11,800 | | 3.2 | | 2.7 |
| 24.0 | | 13,600 | | 2.1 | | 1.7 |
| 24.0 | | 12,300 | | 2.0 | | 1.7 |
| 24.0 | | 14,600 | | | | |
| 24.0 | | 14,600 | | 0.6 | | 0.6 |
| 24.0 | | 12,900 | | 3.0 | | 2.5 |
| 24.0 | | 14,300 | | 2.7 | | 2.5 |
| 24.0 | | 13,800 | | 2.4 | | 2.0 |
| 24.0 | | 12,400 | | 2.5 | | 1.8 |
| 24.0 | | 14,700 | | 1.7 | | 1.5 |
| 24.0 | | 15,250 | | | | |
| 24.0 | | 15,250 | | 1.0 | | 0.6 |
| 24.0 | | 12,800 | | 0.9 | | 0.6 |
| 24.0 | | 12,300 | | 1.5 | | 1.0 |
| 24.0 | | 12,300 | | 3.0 | | 2.2 |
| 24.0 | | 19,500 | | 2.0 | | 1.6 |
| 24.0 | | 13,750 | | | | |
| 24.0 | | 13,750 | | 1.5 | | 1.3 |
| 24.0 | | 13,200 | | 1.1 | | 0.8 |
| 24.0 | | 13,600 | | 2.3 | | 1.8 |
| 24.0 | | 14,100 | | 1.9 | | 1.5 |
| 24.0 | | 13,300 | | 2.2 | | 1.8 |
| 24.0 | | 15,000 | | 1.6 | | 1.4 |
| 24.0 | | 17,100 | | 1.1 | | 0.9 |
| 24.0 | | | | | | |
| | | 418,600 | | | | |
| | | 13,953 | | | | |
| | | 19,500 | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Harmony Homes | | PWS Identification Number: 3590497 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 64 | | Total Population Served at End of Month: 158 | |
| PWS Owner: Aqua Utilities, Florida | | | |
| Contact Person: William Trendel | | Contact Person's Title: Senior Operator | |
| Contact Person's Mailing Address: P.O. Box 490310 | | City: Leesburg | State: Florida |
| Contact Person's Telephone Number: (407)339-5424 | | Contact Person's Fax Number: (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | |

B. Water Treatment Plant Information

| | | | |
|--|-------------------|---|----------------|
| Plant Name: Harmony Homes | | Plant Telephone Number: 407-339-5424 | |
| Plant Address: 101 Plymouth Avenue | | City: Altamonte Spr | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32701 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | | |
| Licensed Operators | Name | License Class | License Number |
| Lead/Chief Operator | William Trendel | C | 6411 |
| Other Operators | Terrence McCarthy | C | 4617 |
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II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 8/3/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: July, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Days Plant Was or is Visited by Operator (Place %) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | | | | Eliminate or Adjust Operating Conditions if any of Maintaining More than 1.0 mg/L Free Chlorine Residual in Distribution System | |
|---------|--|--------------------------|---|--|---|--|---|-----------------------------------|-------------------------------|---|---|--|-------|---|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | |
| | | | | Peak Flow Rate, gpm | Lowest Residual Disinfectant Concentration (C) During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg/L-minutes | Temp of Water, °C (if Applicable) | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mWsec/cm ² | Minimum UV Dose Required, mWsec/cm ² | Lowest Residual Disinfectant Concentration at End of Distribution System, mg/L | Other | | |
| 7/1 | | 24.0 | 15,550 | | | | | | | | | | | | |
| 7/2 | | 24.0 | 15,550 | | 1.6 | | | | | | | | | 1.4 | |
| 7/3 | | 24.0 | 11,300 | | 1.5 | | | | | | | | | 1.3 | |
| 7/4 | | 24.0 | 17,650 | | | | | | | | | | | | |
| 7/5 | | 24.0 | 17,650 | | 1.6 | | | | | | | | | 1.3 | |
| 7/6 | | 24.0 | 15,800 | | 1.2 | | | | | | | | | 1.0 | |
| 7/7 | | 24.0 | 15,000 | | 2.1 | | | | | | | | | 1.5 | |
| 7/8 | | 24.0 | 18,650 | | | | | | | | | | | | |
| 7/9 | | 24.0 | 18,650 | | 1.2 | | | | | | | | | 1.0 | |
| 7/10 | | 24.0 | 21,200 | | 1.1 | | | | | | | | | 0.7 | |
| 7/11 | | 24.0 | 15,100 | | 1.8 | | | | | | | | | 1.5 | |
| 7/12 | | 24.0 | 14,600 | | 2.6 | | | | | | | | | 1.8 | |
| 7/13 | | 24.0 | 14,700 | | 2.4 | | | | | | | | | 1.8 | |
| 7/14 | | 24.0 | 16,200 | | 2.3 | | | | | | | | | 1.8 | |
| 7/15 | | 24.0 | 13,650 | | | | | | | | | | | | |
| 7/16 | | 24.0 | 13,650 | | 2.0 | | | | | | | | | 1.6 | |
| 7/17 | | 24.0 | 12,800 | | 2.5 | | | | | | | | | 1.8 | |
| 7/18 | | 24.0 | 15,000 | | 2.3 | | | | | | | | | 1.8 | |
| 7/19 | | 24.0 | 13,500 | | 2.0 | | | | | | | | | 1.6 | |
| 7/20 | | 24.0 | 15,700 | | 1.5 | | | | | | | | | 1.5 | |
| 7/21 | | 24.0 | 14,500 | | 2.2 | | | | | | | | | 1.8 | |
| 7/22 | | 24.0 | 11,400 | | | | | | | | | | | | |
| 7/23 | | 24.0 | 11,400 | | 3.4 | | | | | | | | | 2.2 | |
| 7/24 | | 24.0 | 12,800 | | 3.4 | | | | | | | | | 2.3 | |
| 7/25 | | 24.0 | 15,700 | | 2.2 | | | | | | | | | 1.7 | |
| 7/26 | | 24.0 | 15,800 | | 1.2 | | | | | | | | | 0.9 | |
| 7/27 | | 24.0 | 12,600 | | 2.5 | | | | | | | | | 0.9 | |
| 7/28 | | 24.0 | 17,400 | | 1.5 | | | | | | | | | 1.1 | |
| 7/29 | | 24.0 | 15,200 | | | | | | | | | | | | |
| 7/30 | | 24.0 | 15,200 | | 1.3 | | | | | | | | | 1.1 | |
| 7/31 | | 24.0 | 11,200 | | 2.4 | | | | | | | | | 2.0 | |
| Total | | | 464,100 | | | | | | | | | | | | |
| Average | | | 14,971 | | | | | | | | | | | | |
| Maximum | | | 20,200 | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Harmony Homes | | PWS Identification Number: 3590497 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 64 | | Total Population Served at End of Month: 158 | |
| PWS Owner: Aqua Utilities, Florida | | | |
| Contact Person: William Trendel | | Contact Person's Title: Senior Operator | |
| Contact Person's Mailing Address: P.O. Box 490310 | | City: Leesburg | State: Florida |
| | | Zip Code: 34749-0310 | |
| Contact Person's Telephone Number: (407)339-5424 | | Contact Person's Fax Number: (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | |

B. Water Treatment Plant Information

| Plant Name: Harmony Homes | | Plant Telephone Number: 407-339-5424 | |
|--|---------------|---|----------------------|
| Plant Address: 101 Plymouth Avenue | | City: Altamonte Spr | State: Florida |
| | | Zip Code: 32701 | |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | | |
| Operator Name | License Class | License Number | Days/Shift(s) Worked |
| William Trendel | C | 6411 | Days 1st Shift |
| | | | |
| Terrence McCarthy | C | 4617 | Days 1st Shift |
| | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 9/2/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: August, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Time | Plant | Flow, mgd | Rate, gpm | Peak Flow, mgd | Disinfectant Residual, mg/L | Temperature, °C | pH (Water, If Applicable) | Minimum Chlorine Required, mg/L | Chlorine Dioxide, mg/L | Ozone, mg/L | Combined Chlorine, mg/L | Free Chlorine, mg/L | System, mg/L | Involvement of Other Water Sources, mg/L | Out of Operation, % |
|------|------|-------|-----------|-----------|----------------|-----------------------------|-----------------|---------------------------|---------------------------------|------------------------|-------------|-------------------------|---------------------|--------------|--|---------------------|
| | | | | | | | | | | | | | | | | |
| 24.0 | | | 14,600 | | 1.7 | | | | | | | | | 1.4 | | |
| 24.0 | | | 13,900 | | 3.2 | | | | | | | | | 2.5 | | |
| 24.0 | | | 13,700 | | 3.0 | | | | | | | | | 2.5 | | |
| 24.0 | | | 15,500 | | 3.3 | | | | | | | | | 2.5 | | |
| 24.0 | | | 15,150 | | | | | | | | | | | | | |
| 24.0 | | | 15,150 | | 0.6 | | | | | | | | | 0.4 | | |
| 24.0 | | | 17,300 | | 1.0 | | | | | | | | | 0.8 | | |
| 24.0 | | | 21,000 | | 2.7 | | | | | | | | | 2.0 | | |
| 24.0 | | | 16,300 | | 1.7 | | | | | | | | | 1.4 | | |
| 24.0 | | | 16,000 | | 2.6 | | | | | | | | | 1.9 | | |
| 24.0 | | | 16,000 | | 1.6 | | | | | | | | | 1.5 | | |
| 24.0 | | | 18,350 | | | | | | | | | | | | | |
| 24.0 | | | 18,350 | | 1.1 | | | | | | | | | 1.0 | | |
| 24.0 | | | 10,600 | | 1.5 | | | | | | | | | 1.3 | | |
| 24.0 | | | 17,300 | | 2.7 | | | | | | | | | 2.0 | | |
| 24.0 | | | 13,900 | | 1.5 | | | | | | | | | 1.5 | | |
| 24.0 | | | 17,900 | | 3.0 | | | | | | | | | 2.0 | | |
| 24.0 | | | 16,100 | | 0.7 | | | | | | | | | 0.5 | | |
| 24.0 | | | 17,650 | | | | | | | | | | | | | |
| 24.0 | | | 17,650 | | 2.1 | | | | | | | | | 1.8 | | |
| 24.0 | | | 15,800 | | 3.0 | | | | | | | | | 2.0 | | |
| 24.0 | | | 16,700 | | 0.9 | | | | | | | | | 0.7 | | |
| 24.0 | | | 15,300 | | 1.9 | | | | | | | | | 1.6 | | |
| 24.0 | | | 15,700 | | 2.1 | | | | | | | | | 1.7 | | |
| 24.0 | | | 12,500 | | 3.0 | | | | | | | | | 2.0 | | |
| 24.0 | | | 17,000 | | | | | | | | | | | | | |
| 24.0 | | | 17,000 | | 1.8 | | | | | | | | | 1.7 | | |
| 24.0 | | | 11,000 | | 1.2 | | | | | | | | | 1.0 | | |
| 24.0 | | | 15,300 | | 0.7 | | | | | | | | | 0.5 | | |
| 24.0 | | | 14,000 | | 2.6 | | | | | | | | | 2.0 | | |
| 24.0 | | | 16,100 | | 1.0 | | | | | | | | | 1.0 | | |
| | | | 489,000 | | | | | | | | | | | | | |
| | | | 15,774 | | | | | | | | | | | | | |
| | | | 21,000 | | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Harmony Homes | | PWS Identification Number: 3390497 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 64 | | Total Population Served at End of Month: 158 | |
| PWS Owner: Aqua Utilities, Florida | | | |
| Contact Person: William Trendel | | Contact Person's Title: Senior Operator | |
| Contact Person's Mailing Address: P.O. Box 490310 | | City: Leesburg | State: Florida |
| Contact Person's Telephone Number: (407)339-3424 | | Zip Code: 34749-0310 | |
| Contact Person's E-Mail Address: | | Contact Person's Fax Number: (407) 339-7490 | |

B. Water Treatment Plant Information

| Plant Name: Harmony Homes | | Plant Telephone Number: 407-339-5424 | |
|--|-------------------|---|----------------|
| Plant Address: 101 Plymouth Avenue | | City: Altamonte Spr | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | Zip Code: 32701 | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |
| Licensed Operators | Name | License Class | License Number |
| Lead/Chief Operator: | William Trendel | C | 6411 |
| Other Operators: | | | |
| | Terrence McCarthy | C | 4617 |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 9/16/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: September, 2007

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|------------------|---|--------------------------|--|---|---|--|---|------------------|----------------------------|-------------------------------|--|--|--|---|--|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | | | | |
| 1 | X | 24.0 | 13,900 | | 1.7 | | | | | | | | | | 1.4 | |
| 2 | | 24.0 | | | | | | | | | | | | | | |
| 3 | X | 24.0 | 23,400 | | 1.0 | | | | | | | | | | 0.7 | |
| 4 | X | 24.0 | 23,400 | | 0.8 | | | | | | | | | | 0.6 | |
| 5 | X | 24.0 | 16,200 | | 0.5 | | | | | | | | | | 0.4 | |
| 6 | X | 24.0 | 15,200 | | 1.8 | | | | | | | | | | 1.5 | |
| 7 | X | 24.0 | 16,300 | | 0.7 | | | | | | | | | | 0.5 | |
| 8 | X | 24.0 | 23,900 | | 1.9 | | | | | | | | | | 1.5 | |
| 9 | | 24.0 | 13,150 | | | | | | | | | | | | | |
| 10 | X | 24.0 | 12,150 | | 0.6 | | | | | | | | | | 0.4 | |
| 11 | X | 24.0 | 14,900 | | 2.1 | | | | | | | | | | 1.7 | |
| 12 | X | 24.0 | 13,100 | | 3.1 | | | | | | | | | | 2.5 | |
| 13 | X | 24.0 | 13,900 | | 1.7 | | | | | | | | | | 1.4 | |
| 14 | X | 24.0 | 14,300 | | 0.7 | | | | | | | | | | 0.7 | |
| 15 | X | 24.0 | 15,400 | | 1.0 | | | | | | | | | | 0.7 | |
| 16 | | 24.0 | 14,350 | | | | | | | | | | | | | |
| 17 | X | 24.0 | 14,350 | | 2.6 | | | | | | | | | | 2.0 | |
| 18 | X | 24.0 | 16,000 | | 2.5 | | | | | | | | | | 2.0 | |
| 19 | X | 24.0 | 16,000 | | 3.3 | | | | | | | | | | 2.5 | |
| 20 | X | 24.0 | 14,300 | | 1.3 | | | | | | | | | | 1.3 | |
| 21 | X | 24.0 | 14,600 | | 2.4 | | | | | | | | | | 2.0 | |
| 22 | X | 24.0 | 17,300 | | 1.7 | | | | | | | | | | 1.5 | |
| 23 | | 24.0 | 14,400 | | | | | | | | | | | | | |
| 24 | X | 24.0 | 14,400 | | 2.2 | | | | | | | | | | 1.8 | |
| 25 | X | 24.0 | 15,600 | | 2.2 | | | | | | | | | | 1.7 | |
| 26 | X | 24.0 | 16,800 | | 1.0 | | | | | | | | | | 1.0 | |
| 27 | X | 24.0 | 21,300 | | 0.8 | | | | | | | | | | 0.6 | |
| 28 | X | 24.0 | 15,800 | | 0.5 | | | | | | | | | | 0.3 | |
| 29 | | 24.0 | | | | | | | | | | | | | | |
| 30 | X | 24.0 | 16,000 | | 0.8 | | | | | | | | | | 0.5 | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 449,500 | | | | | | | | | | | | | |
| Average | | | 14,583 | | | | | | | | | | | | | |
| Maximum | | | 13,150 | | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|-----------------|
| PWS Name: | Harmony Homes | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 64 | Total Population Served at End of Month: | 38 |
| PWS Owner: | Aqua Utilities, Florida | | |
| Contact Person: | William Trendel | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg |
| Contact Person's Telephone Number: | (407) 339-5424 | State: | Florida |
| Contact Person's E-Mail Address: | | Zip Code: | 34749-0310 |
| | | Contact Person's Fax Number: | (407) 339-7490 |

B. Water Treatment Plant Information

| | | | |
|---|--|---|---------------|
| Plant Name: | Harmony Homes | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | City: | Altamonte Spr |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | State: | Florida |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | Zip Code: | 32701 |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |

| Operator Name | License No. | Days 1st Shift |
|-------------------|-------------|----------------|
| William Trendel | 6411 | |
| Roger Gray | 14574 | |
| Terrence McCarthy | 4617 | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 11/6/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2007

A. Public Water System (PWS) Information

| | | | |
|--|--|--|----------------|
| PWS Name: Harmony Homes | | PWS Identification Number: 3590497 | |
| PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | |
| Number of Service Connections at End of Month: 64 | | Total Population Served at End of Month: 158 | |
| PWS Owner: Aqua Utilities, Florida | | | |
| Contact Person: William Trendel | | Contact Person's Title: Senior Operator | |
| Contact Person's Mailing Address: P.O. Box 490310 | | City: Leesburg | State: Florida |
| Contact Person's Telephone Number: (407)339-5424 | | Contact Person's Fax Number: (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | |

B. Water Treatment Plant Information

| | | | |
|--|--|---|----------------|
| Plant Name: Harmony Homes | | Plant Telephone Number: 407-339-5424 | |
| Plant Address: 101 Plymouth Avenue | | City: Altamonte Spr | State: Florida |
| Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| Operator Name | Name | License Class | License Number | Days 1st Shift |
|---------------------|-------------------|---------------|----------------|----------------|
| Lead/Chief Operator | William Trendel | C | 6411 | Days 1st Shift |
| Operator | Roger Gray | C | 14574 | Days 1st Shift |
| Operator | Terrence McCarthy | C | 4617 | Days 1st Shift |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| | | |
|---|---|---|
| <p><i>William Trendel</i> 12/3/07 Signature and Date</p> | <p>William Trendel Printed or Typed Name</p> | <p>C-6411 License Number</p> |
|---|---|---|

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2007

A. Public Water System (PWS) Information

| | | | | |
|--|---|--|--|--------------------------------------|
| PWS Name: | Harmony Homes | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| Number of Service Connections at End of Month: | 64 | Total Population Served at End of Month: | 158 | |
| PWS Owner: | Aqua Utilities, Florida | | | |
| Contact Person: | William Trendel | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg | State: Florida Zip Code: 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | Contact Person's Fax Number: | (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | | |

B. Water Treatment Plant Information

| | | | | |
|---|--|---|---|--|
| Plant Name: | Harmony Homes | | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr State: Florida Zip Code: 32701 |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |

| Operator Name | License Class | License Number | Days | Shift | Worked |
|-------------------|---------------|----------------|------|-----------|--------|
| William Trendel | C | 6411 | Days | 1st Shift | |
| Roger Gray | C | 14574 | Days | 1st Shift | |
| Terrence McCarthy | C | 4617 | Days | 1st Shift | |
| | | | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 1/2/08
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: January, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Month | Days Plant Shifted or Altered by Operator | Hours plant in operation | Net Quantity of Finished Water Produced (gallons) | CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable | | | | UV Dose | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Efficiency of a Normal Operating Condition Residual (minimum value of 0.2 mg/L) | |
|-------|---|--------------------------|---|---|--|--|--|--------------------|-----------------------------|--------------------------------|--|--|---|--|
| | | | | Peak Flow Rate (gpm) | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Drawing Point During Peak Flow (mg/L) | Disinfectant Contact Time (T) at 5 Measurement Points During Peak Flow (min) | Lowest CT Provided Before or at First Customer Drawing Point (min) | Temp of Water (°C) | pH of Water (if Applicable) | Minimum CT Required (mg-min/L) | Lowest Operating UV Dose (mW-sec/cm ²) | | | Minimum UV Dose Required (mW-sec/cm ²) |
| | | 24.0 | 13,000 | | 0.8 | | | | | | | | | |
| | | 24.0 | 10,000 | | 0.5 | | | | | | | | | |
| | | 24.0 | 8,500 | | 2.2 | | | | | | | | | |
| | | 24.0 | 13,000 | | 1.6 | | | | | | | | | |
| | | 24.0 | 14,100 | | 1.0 | | | | | | | | | |
| | | 24.0 | 11,200 | | 1.8 | | | | | | | | | |
| | | 24.0 | 13,200 | | | | | | | | | | | |
| | | 24.0 | 13,200 | | 1.2 | | | | | | | | | |
| | | 24.0 | 15,300 | | 1.6 | | | | | | | | | |
| | | 24.0 | 9,000 | | 1.7 | | | | | | | | | |
| | | 24.0 | 13,400 | | 1.8 | | | | | | | | | |
| | | 24.0 | 13,500 | | 1.2 | | | | | | | | | |
| | | 24.0 | 12,350 | | | | | | | | | | | |
| | | 24.0 | 12,350 | | 1.3 | | | | | | | | | |
| | | 24.0 | 14,100 | | 1.4 | | | | | | | | | |
| | | 24.0 | 15,100 | | 1.2 | | | | | | | | | |
| | | 24.0 | 17,500 | | 1.2 | | | | | | | | | |
| | | 24.0 | 11,600 | | 1.2 | | | | | | | | | |
| | | 24.0 | 10,300 | | 1.5 | | | | | | | | | |
| | | 24.0 | 11,800 | | 0.9 | | | | | | | | | |
| | | 24.0 | 12,500 | | | | | | | | | | | |
| | | 24.0 | 12,500 | | 1.3 | | | | | | | | | |
| | | 24.0 | 11,500 | | 1.6 | | | | | | | | | |
| | | 24.0 | 11,700 | | 1.7 | | | | | | | | | |
| | | 24.0 | 13,900 | | 1.7 | | | | | | | | | |
| | | 24.0 | 10,000 | | 1.6 | | | | | | | | | |
| | | 24.0 | 14,600 | | | | | | | | | | | |
| | | 24.0 | 14,600 | | 1.7 | | | | | | | | | |
| | | 24.0 | 10,000 | | 1.8 | | | | | | | | | |
| | | 24.0 | 13,100 | | 0.7 | | | | | | | | | |
| | | | 376,000 | | | | | | | | | | | |
| | | | 12,129 | | | | | | | | | | | |
| | | | 17,500 | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes
 III. Daily Data for the Month/Year of: Feb 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day | Quantity of Finished Water | Lowest Residual Disinfectant (LRD) Provided | Disinfectant Concentration (C) at Point of Disinfection | Disinfectant Measurement During Point of Disinfection | Temperature of Water | pH of Water | Minimum CT Required | UV Dose Provided | UV Dose Required | Remainder Point of Disinfection | Condition of System |
|------|----------------------------|---|---|---|----------------------|-------------|---------------------|------------------|------------------|---------------------------------|---------------------|
| 24.0 | 13,100 | 2.7 | | | | | | | | | |
| 24.0 | 11,800 | 1.3 | | | | | | | | | |
| 24.0 | 10,500 | 2.1 | | | | | | | | | |
| 24.0 | 13,000 | 0.8 | | | | | | | | | |
| 24.0 | 10,300 | 1.2 | | | | | | | | | |
| 24.0 | 11,200 | 1.3 | | | | | | | | | |
| 24.0 | 11,500 | 1.5 | | | | | | | | | |
| 24.0 | 11,700 | 1.3 | | | | | | | | | |
| 24.0 | 10,800 | 1.5 | | | | | | | | | |
| 24.0 | 12,350 | 1.4 | | | | | | | | | |
| 24.0 | 12,350 | 1.4 | | | | | | | | | |
| 24.0 | 11,400 | 1.1 | | | | | | | | | |
| 24.0 | 13,600 | 0.9 | | | | | | | | | |
| 24.0 | 15,100 | 1.6 | | | | | | | | | |
| 24.0 | 11,100 | 1.7 | | | | | | | | | |
| 24.0 | 12,000 | 1.4 | | | | | | | | | |
| 24.0 | 15,000 | 1.1 | | | | | | | | | |
| 24.0 | 15,000 | 1.1 | | | | | | | | | |
| 24.0 | 10,600 | 2.2 | | | | | | | | | |
| 24.0 | 10,600 | 2.2 | | | | | | | | | |
| 24.0 | 14,900 | 1.1 | | | | | | | | | |
| 24.0 | 17,100 | 1.5 | | | | | | | | | |
| 24.0 | 12,300 | 1.8 | | | | | | | | | |
| 24.0 | 14,600 | 1.4 | | | | | | | | | |
| 24.0 | 15,000 | 1.6 | | | | | | | | | |
| 24.0 | 13,100 | 1.5 | | | | | | | | | |
| 24.0 | 13,100 | 1.5 | | | | | | | | | |
| 24.0 | 15,800 | 0.8 | | | | | | | | | |
| 24.0 | 24.0 | 0.7 | | | | | | | | | |
| 24.0 | 24.0 | 0.5 | | | | | | | | | |

| Day | Quantity of Finished Water | Lowest Residual Disinfectant (LRD) Provided | Disinfectant Concentration (C) at Point of Disinfection | Disinfectant Measurement During Point of Disinfection | Temperature of Water | pH of Water | Minimum CT Required | UV Dose Provided | UV Dose Required | Remainder Point of Disinfection | Condition of System |
|------|----------------------------|---|---|---|----------------------|-------------|---------------------|------------------|------------------|---------------------------------|---------------------|
| 24.0 | 17,100 | 1.5 | | | | | | | | | |
| 24.0 | 14,900 | 1.1 | | | | | | | | | |
| 24.0 | 10,600 | 2.2 | | | | | | | | | |
| 24.0 | 10,600 | 2.2 | | | | | | | | | |
| 24.0 | 14,900 | 1.1 | | | | | | | | | |
| 24.0 | 17,100 | 1.5 | | | | | | | | | |
| 24.0 | 12,300 | 1.8 | | | | | | | | | |
| 24.0 | 14,600 | 1.4 | | | | | | | | | |
| 24.0 | 15,000 | 1.6 | | | | | | | | | |
| 24.0 | 13,100 | 1.5 | | | | | | | | | |
| 24.0 | 13,100 | 1.5 | | | | | | | | | |
| 24.0 | 15,800 | 0.8 | | | | | | | | | |
| 24.0 | 24.0 | 0.7 | | | | | | | | | |
| 24.0 | 24.0 | 0.5 | | | | | | | | | |

Refer to the instructions for this report to determine which plants must provide this information.
 354,200 12,650 17,100

MONTHLY OPERATION REPORT FOR PWSs TREATING EITHER GROUND WATER OR PURCHASED FINISHED WATER



#VALUE!

See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

| | | | | | | |
|--|---|--|--|--|--------------|---------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 61 | | | Total Population Served at End of Month: | 158 | |
| PWS Owner: | Aqua Utilities Florida | | | | | |
| Contact Person: | Brian Heath | | | Contact Person's Title: | Area Manager | |
| Contact Person's Mailing Address: | PO Box 490310 | | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | Contact Person's Fax Number: | (352) 787-6333 | | |
| Contact Person's E-Mail Address: | beheath@aquamerica.com | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|----------------|---|---|--------------|---------|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | |
| | | | | C | | |
| Operator Name | License Class | License Number | Shift | | | |
| William Trendel | C | 6411 | Days 1st Shift | | | |
| Terry McCarthy | C | 4617 | Days 1st Shift | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Brian Heath 4/4/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: March 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Days Plant Staffed or Visited by Operator | Net Quantity of Finished Water Produced (gallons) | CT Calculations of UV Dose to Demonstrate Four Log Virus Inactivation, if Applicable | | | | | Minimum UV Dose Required (mW-sec/cm ²) | Lowest UV Dose in W. Sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Emergency or Abnormal Operating Conditions Repair or Maintenance Involves Taking Water System Out of Operation |
|---|---|--|---|--|--------------------------------|--|--|--|--|--|
| | | Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L) | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (min) | Lowest CT Provided Before or at First Customer Point During Peak Flow (min-mg/L) | Minimum CT Required (min-mg/L) | Minimum UV Dose Required (mW-sec/cm ²) | | | | |
| | 24.0 | 15,200 | | | 2.0 | | | | 1.7 | |
| | 24.0 | 13,500 | | | 1.2 | | | | 1.1 | |
| | 24.0 | 13,800 | | | 0.8 | | | | 0.7 | |
| | 24.0 | 17,300 | | | 0.4 | | | | 0.4 | |
| | 24.0 | 17,800 | | | | | | | | |
| | 24.0 | 17,800 | | | 1.5 | | | | 1.3 | |
| | 24.0 | 14,500 | | | 1.5 | | | | 1.3 | |
| | 24.0 | 12,400 | | | 1.9 | | | | 1.5 | |
| | 24.0 | 17,000 | | | 1.8 | | | | 1.5 | |
| | 24.0 | 12,100 | | | 1.5 | | | | 1.5 | |
| | 24.0 | 18,200 | | | | | | | | |
| | 24.0 | 18,200 | | | 1.2 | | | | 1.0 | |
| | 24.0 | 12,000 | | | 1.0 | | | | 0.7 | |
| | 24.0 | 15,000 | | | 1.7 | | | | 1.5 | |
| | 24.0 | 16,600 | | | 1.4 | | | | 1.2 | |
| | 24.0 | 15,500 | | | 1.8 | | | | 1.5 | |
| | 24.0 | 20,500 | | | 0.6 | | | | 0.8 | |
| | 24.0 | 24,200 | | | 0.9 | | | | 0.7 | |
| | 24.0 | 18,000 | | | | | | | | |
| | 24.0 | 18,000 | | | 0.8 | | | | 0.6 | |
| | 24.0 | 20,000 | | | 0.9 | | | | 0.7 | |
| | 24.0 | 16,200 | | | 1.1 | | | | 0.8 | |
| | 24.0 | 18,100 | | | 0.8 | | | | 0.6 | |
| | 24.0 | 16,300 | | | 1.1 | | | | 0.9 | |
| | 24.0 | 17,900 | | | | | | | | |
| | 24.0 | 17,900 | | | 1.9 | | | | 1.9 | |
| | 24.0 | 15,000 | | | 2.0 | | | | 1.8 | |
| | 24.0 | 18,100 | | | 0.4 | | | | 0.2 | |
| | 24.0 | 17,000 | | | 1.4 | | | | 1.2 | |
| | 24.0 | 18,800 | | | 1.4 | | | | 1.2 | |
| | 24.0 | 19,500 | | | 0.7 | | | | 0.5 | |
| | | 523,400 | | | | | | | | |
| | | 16,884 | | | | | | | | |
| | | 24,200 | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2006

A. Public Water System (PWS) Information

| | | | | | | |
|--|---|--|--|--|----------------|---------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 61 | | | Total Population Served at End of Month: | 158 | |
| PWS Owner: | Aqua Utilities Florida | | | | | |
| Contact Person: | Brian Heath | | | Contact Person's Title: | Area Manager | |
| Contact Person's Mailing Address: | PO Box 490310 | | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Contact Person's Fax Number: | (352) 787-6333 | |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---|-------|-------------------------|--------------|---------|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |

| | | | | | | |
|--|-----------------|-------------|-------------------------|---|----------------|--|
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |
| Licensed Operators | Name | License No. | License Expiration Date | Days 1st Shift | Days 2nd Shift | |
| | William Trendel | C | 6411 | Days 1st Shift | | |
| | Terry McCarthy | C | 4617 | Days 1st Shift | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 5/4/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: April, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Days Plant Staffed or Visited by Operator | Hours plant open per day | Net Quantity of Finished Water Produced | CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | UV Dose | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work Involves Taking Water System Out of Operation |
|---|--------------------------|---|---|---|---|--|--------------------|-----------------------------|-------------------------------|--|---|---|
| | | | Peak Flow (MGD) | Lowest Residual Disinfectant Concentration (C) Before or at first Customer During Peak Flow | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes) | Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L) | Temp of Water (°C) | pH of Water (if Applicable) | Minimum CT Required, mg-min/L | Lowest Operating UV Dose (mW-sec/cm ²) | | |
| 24.0 | 19,200 | | | 1.5 | | | | | | | 1.2 | |
| 24.0 | 19,000 | | | | | | | | | | | |
| 24.0 | 19,000 | | | 1.1 | | | | | | | 0.9 | |
| 24.0 | 19,900 | | | 1.5 | | | | | | | 1.3 | |
| 24.0 | 18,700 | | | 2.0 | | | | | | | 1.7 | |
| 24.0 | 19,100 | | | 1.4 | | | | | | | 1.2 | |
| 24.0 | 23,500 | | | 0.8 | | | | | | | 0.6 | |
| 24.0 | 21,050 | | | | | | | | | | | |
| 24.0 | 21,050 | | | 1.1 | | | | | | | 0.8 | |
| 24.0 | 14,300 | | | 2.0 | | | | | | | 1.7 | |
| 24.0 | 17,800 | | | 1.7 | | | | | | | 1.5 | |
| 24.0 | 15,400 | | | 1.5 | | | | | | | 1.3 | |
| 24.0 | 16,300 | | | 2.3 | | | | | | | 2.0 | |
| 24.0 | 41,500 | | | 1.0 | | | | | | | 0.9 | |
| 24.0 | 20,100 | | | 1.0 | | | | | | | 0.7 | |
| 24.0 | 17,700 | | | | | | | | | | | |
| 24.0 | 17,700 | | | 0.7 | | | | | | | 0.5 | |
| 24.0 | 18,900 | | | 0.5 | | | | | | | 0.5 | |
| 24.0 | 16,700 | | | 1.0 | | | | | | | 0.8 | |
| 24.0 | 15,900 | | | 1.3 | | | | | | | 1.1 | |
| 24.0 | 17,800 | | | 0.8 | | | | | | | 0.6 | |
| 24.0 | 14,800 | | | | | | | | | | | |
| 24.0 | 14,800 | | | 1.3 | | | | | | | 1.1 | |
| 24.0 | 16,400 | | | 1.4 | | | | | | | 1.3 | |
| 24.0 | 19,500 | | | 1.7 | | | | | | | 1.5 | |
| 24.0 | 17,200 | | | 1.8 | | | | | | | 1.6 | |
| 24.0 | 16,300 | | | 1.0 | | | | | | | 0.8 | |
| 24.0 | 20,000 | | | 0.9 | | | | | | | 0.7 | |
| 24.0 | 18,200 | | | 1.5 | | | | | | | 1.2 | |
| 24.0 | 18,800 | | | | | | | | | | | |
| 24.0 | | | | | | | | | | | | |
| | | 566,600 | | | | | | | | | | |
| | | 18,887 | | | | | | | | | | |
| | | 41,500 | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|----------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 61 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities Florida | | | | |
| Contact Person: | Brian Heath | | | Contact Person's Title: | Area Manager |
| Contact Person's Mailing Address: | PO Box 490310 | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | | Contact Person's Fax Number: | (352) 787-6333 |
| Contact Person's E-Mail Address: | beheath@aquaaamerica.com | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---|----------------|---|---------------|--|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | | City: | Allamonte Spr | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |
| | Name | License Class | License Number | Day(s) / Shift(s) | | |
| | William Trendel | C | 6411 | Days 1st Shift | | |
| | Terry McCarthy | C | 4617 | Days 1st Shift | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 10/7/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: May, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Days Plant Staffed or Visited by Operator | Hours Plant Operated | Net Quantity of Finished Water Produced (gallons) | CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | UV Dose | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involve Taking Water System Components Out of Operation |
|---|----------------------|---|--|---|--|-------------------------------|--|--|--|--|
| | | | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L) | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes) | Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L) | Minimum CT Required, mg-min/L | Lowest Operating UV Dose (mW-sec/cm ²) | Minimum UV Dose Required (mW-sec/cm ²) | | |
| | 24.0 | 18,800 | 0.9 | | | | | 0.7 | | |
| | 24.0 | 22,500 | 0.9 | | | | | 0.7 | | |
| | 24.0 | 17,400 | 1.2 | | | | | 1.0 | | |
| | 24.0 | 19,600 | 1.8 | | | | | 1.6 | | |
| | 24.0 | 22,300 | 0.8 | | | | | 0.6 | | |
| | 24.0 | 21,200 | | | | | | | | |
| | 24.0 | 21,200 | 1.1 | | | | | 0.9 | | |
| | 24.0 | 16,100 | 1.2 | | | | | 1.0 | | |
| | 24.0 | 20,600 | 1.3 | | | | | 1.3 | | |
| | 24.0 | 16,000 | 1.1 | | | | | 1.0 | | |
| | 24.0 | 17,100 | 0.8 | | | | | 0.6 | | |
| | 24.0 | 19,000 | 1.1 | | | | | 0.9 | | |
| | 24.0 | 20,100 | 0.6 | | | | | 0.4 | | |
| | 24.0 | 16,400 | | | | | | | | |
| | 24.0 | 16,400 | 1.3 | | | | | 1.0 | | |
| | 24.0 | 19,000 | 0.7 | | | | | 0.7 | | |
| | 24.0 | 11,400 | 2.1 | | | | | 1.7 | | |
| | 24.0 | 15,500 | 1.1 | | | | | 1.0 | | |
| | 24.0 | 17,600 | 0.6 | | | | | 0.5 | | |
| | 24.0 | 16,000 | | | | | | | | |
| | 24.0 | 16,000 | 1.0 | | | | | 0.4 | | |
| | 24.0 | 20,400 | 1.3 | | | | | 0.6 | | |
| | 24.0 | 19,800 | 0.6 | | | | | 0.4 | | |
| | 24.0 | 16,200 | 1.4 | | | | | 1.2 | | |
| | 24.0 | 14,800 | 1.3 | | | | | 1.1 | | |
| | 24.0 | 18,400 | 0.7 | | | | | 0.7 | | |
| | 24.0 | 16,200 | 1.2 | | | | | 1.0 | | |
| | 24.0 | 19,100 | | | | | | | | |
| | 24.0 | 19,100 | 0.8 | | | | | 0.7 | | |
| | 24.0 | 25,700 | 1.0 | | | | | 0.9 | | |
| | 24.0 | 19,200 | 2.0 | | | | | 1.7 | | |
| | | 569,100 | | | | | | | | |
| | | 18,358 | | | | | | | | |
| | | 25,700 | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

| | | | | | | |
|--|---|--|--|--|--------------|---------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 | |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | | |
| Number of Service Connections at End of Month: | 61 | | | Total Population Served at End of Month: | 158 | |
| PWS Owner: | Aqua Utilities Florida | | | | | |
| Contact Person: | Brian Heath | | | Contact Person's Title: | Area Manager | |
| Contact Person's Mailing Address: | PO Box 490310 | | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (352) 787-0980 | | Zip Code: | 34749 | | |
| Contact Person's E-Mail Address: | beheath@aquaamerica.com | | | | | |
| Contact Person's Fax Number: | (352) 787-6333 | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---|-----------------------|---|-----------------------|-----------------------|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr | State: | Florida |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |
| Licensed Operators | Name | License Class | License Number | Days 1st Shift | Days 2nd Shift | Days 3rd Shift |
| | William Trendel | C | 6411 | Days 1st Shift | | |
| | Terry McCarthy | C | 4617 | Days 1st Shift | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 7/5/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: June, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Started or Visited by Operator | Hours plant in Operation | Net Quantity of Finished Water Produced (gals) | CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | | |
|--------------|---|--------------------------|--|--|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | | |
| | | | 24.0 | 17,200 | | 2.5 | | | | | | | | | 2.0 | |
| | | | 24.0 | 20,900 | | 0.9 | | | | | | | | | 0.9 | |
| | | | 24.0 | 17,350 | | | | | | | | | | | | |
| | | | 24.0 | 17,350 | | 1.1 | | | | | | | | | 0.8 | |
| | | | 24.0 | 20,300 | | 1.2 | | | | | | | | | 0.8 | |
| | | | 24.0 | 20,400 | | 2.0 | | | | | | | | | 1.7 | |
| | | | 24.0 | 12,800 | | 2.1 | | | | | | | | | 1.7 | |
| | | | 24.0 | 15,500 | | 2.3 | | | | | | | | | 1.8 | |
| | | | 24.0 | 19,700 | | 1.0 | | | | | | | | | 0.7 | |
| | | | 24.0 | 19,900 | | 1.2 | | | | | | | | | 1.0 | |
| | | | 24.0 | 17,700 | | | | | | | | | | | | |
| | | | 24.0 | 17,700 | | 1.5 | | | | | | | | | 1.4 | |
| | | | 24.0 | 13,500 | | 1.5 | | | | | | | | | 1.3 | |
| | | | 24.0 | 13,100 | | 1.8 | | | | | | | | | 1.5 | |
| | | | 24.0 | 14,500 | | 0.8 | | | | | | | | | 0.8 | |
| | | | 24.0 | 15,500 | | 1.6 | | | | | | | | | 1.4 | |
| | | | 24.0 | 18,500 | | | | | | | | | | | | |
| | | | 24.0 | 19,500 | | 1.5 | | | | | | | | | 0.4 | |
| | | | 24.0 | 12,200 | | 0.5 | | | | | | | | | 0.3 | |
| | | | 24.0 | 17,400 | | 1.6 | | | | | | | | | 1.3 | |
| | | | 24.0 | 14,000 | | 2.0 | | | | | | | | | 1.7 | |
| | | | 24.0 | 14,100 | | 2.6 | | | | | | | | | 2.5 | |
| | | | 24.0 | 16,900 | | 1.3 | | | | | | | | | 0.4 | |
| | | | 24.0 | 16,700 | | | | | | | | | | | | |
| | | | 24.0 | 16,700 | | 0.6 | | | | | | | | | 0.3 | |
| | | | 24.0 | 11,800 | | 1.2 | | | | | | | | | 1.0 | |
| | | | 24.0 | 16,100 | | 2.4 | | | | | | | | | 2.0 | |
| | | | 24.0 | 13,600 | | 2.4 | | | | | | | | | 2.0 | |
| | | | 24.0 | 13,600 | | 0.8 | | | | | | | | | 0.8 | |
| | | | 24.0 | 15,800 | | 1.3 | | | | | | | | | 1.0 | |
| | | | 24.0 | | | 2.0 | | | | | | | | | 1.7 | |
| | | | | 489,300 | | | | | | | | | | | | |
| | | | | 18,358 | | | | | | | | | | | | |
| | | | | 20,900 | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING EITHER GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|--|--|--|-----------------|-------------------------------------|
| PWS Name: | Harmony Homes | | PWS Identification Number: | 3590497 | |
| PWS Type: | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive | | | | |
| Number of Service Connections at End of Month: | 64 | | Total Population Served at End of Month: | 158 | |
| PWS Owner: | Aqua Utilities, FLORIDA | | | | |
| Contact Person: | William Trendel | | Contact Person's Title: | Senior Operator | |
| Contact Person's Mailing Address: | P.O. Box 490310 | | City: | Leesburg | State: Florida Zip Code: 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | | Contact Person's Fax Number: | (407) 339-7490 | |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|--|-------------------------|---------------|--------------------------------|
| Plant Name: | Harmony Homes | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | City: | Aframonte Spr | State: Florida Zip Code: 32701 |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | |

| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
|--|-------------------|---|----------------|
| IV | | C | |
| Licensed Operator | Name | License Class | License Number |
| Lead/Chief Operator | William Trendel | C | 6411 |
| | | | |
| | Terrence McCarthy | C | 4617 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: William Trendel 8/2/06 Printed or Typed Name: William Trendel License Number: C-6411

MONTHLY OPERATION REPORT FOR PWS'S TREATING K... GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: July, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of the Month | Days/Jan. Started by Operator | Hours plant in Operation | Net Quantity of Finished Water Produced, gal | CT Calculations or UV Doses to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components out of Service |
|------------------|-------------------------------|--------------------------|--|--|---|--|---|-------------------|-------------------------------|--|--|---|-----|--|
| | | | | CT Calculations | | | | | UV Dose | | | | | |
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) in Minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mJ/sec/cm ² | Minimum UV Dose Required, mJ/sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| | | 24.0 | 17,700 | | | | | | | | | | | |
| | | 24.0 | 17,700 | | 1.6 | | | | | | | | 1.4 | |
| | | 24.0 | 10,000 | | 1.6 | | | | | | | | 1.4 | |
| | | 24.0 | 14,800 | | 1.5 | | | | | | | | 1.4 | |
| | | 24.0 | 17,000 | | 2.0 | | | | | | | | 1.7 | |
| | | 24.0 | 12,700 | | 1.6 | | | | | | | | 1.3 | |
| | | 24.0 | 15,800 | | 0.6 | | | | | | | | 0.4 | |
| | | 24.0 | 14,800 | | 1.1 | | | | | | | | 1.0 | |
| | | 24.0 | 30,100 | | 2.0 | | | | | | | | 1.7 | |
| | | 24.0 | | | | | | | | | | | 0.5 | |
| | | 24.0 | 19,800 | | 1.8 | | | | | | | | 1.4 | |
| | | 24.0 | 10,000 | | 1.0 | | | | | | | | 0.8 | |
| | | 24.0 | 15,100 | | 1.7 | | | | | | | | 1.5 | |
| | | 24.0 | 14,700 | | 1.2 | | | | | | | | 1.0 | |
| | | 24.0 | | | | | | | | | | | | |
| | | 24.0 | | | | | | | | | | | 0.6 | |
| | | 24.0 | | | | | | | | | | | 0.4 | |
| | | 24.0 | | | | | | | | | | | 0.4 | |
| | | 24.0 | | | | | | | | | | | 0.4 | |
| | | 24.0 | 20,600 | | 0.7 | | | | | | | | 0.6 | |
| | | 24.0 | 17,100 | | 0.7 | | | | | | | | 0.5 | |
| | | 24.0 | 13,300 | | | | | | | | | | | |
| | | 24.0 | 13,300 | | 2.2 | | | | | | | | 2.0 | |
| | | 24.0 | 13,700 | | 2.0 | | | | | | | | 1.7 | |
| | | 24.0 | 17,300 | | 0.7 | | | | | | | | 0.5 | |
| | | 24.0 | 12,900 | | 0.7 | | | | | | | | 0.5 | |
| | | 24.0 | 12,500 | | 0.9 | | | | | | | | 0.7 | |
| | | 24.0 | 15,400 | | | | | | | | | | | |
| | | 24.0 | 15,400 | | 0.4 | | | | | | | | 0.2 | |
| | | 24.0 | 16,100 | | 0.4 | | | | | | | | 0.2 | |
| | | | 377,800 | | | | | | | | | | | |
| | | | 12,187 | | | | | | | | | | | |
| | | | 30,100 | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MC MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-----------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua-Utilities, FLORIDA | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | City: | Leesburg | State: | Florida |
| Contact Person's Telephone Number: | (407)339-5424 | | | Contact Person's Fax Number: | (407)339-7490 |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|---|----------------|---|---------------|--|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | | City: | Altamonte Spr | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |
| Operator Name | Name | License Class | License Number | Days 1st Shift | | |
| Operator | William Trendel | C | 6411 | Days 1st Shift | | |
| Operator | Terrence McCarthy | C | 4617 | Days 1st Shift | | |
| Operator | | | | | | |
| Operator | | | | | | |
| Operator | | | | | | |
| Operator | | | | | | |
| Operator | | | | | | |
| Operator | | | | | | |
| Operator | | | | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 9/8/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3390497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: August, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Started or Resumed by Operator | Hours plant operated | Net Quantity of Finished Water Produced | CT Calculations of UV Dose to Disinfect Four Log Virus Inactivation, if Applicable | | | | | | | | | | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|--------------|---|----------------------|---|---|---|---|--------------------|-----------------------------|-------------------------------|--|--|--|-----|--|
| | | | | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow | Lowest CT Provided Before or at First Customer During Peak Flow | Temp of Water (°C) | pH of Water (if Applicable) | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm ² | Minimum UV Dose Required, mW-sec/cm ² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | | |
| | | 24.0 | 13,500 | 2.2 | | | | | | | | | 2.0 | |
| | | 24.0 | 14,900 | 1.7 | | | | | | | | | 1.5 | |
| | | 24.0 | 17,600 | 1.1 | | | | | | | | | 0.8 | |
| | | 24.0 | 16,900 | 1.5 | | | | | | | | | 1.2 | |
| | | 24.0 | 16,900 | 0.5 | | | | | | | | | 0.5 | |
| | | 24.0 | 15,450 | | | | | | | | | | | |
| | | 24.0 | 15,450 | 1.6 | | | | | | | | | 1.3 | |
| | | 24.0 | 20,400 | 1.1 | | | | | | | | | 0.7 | |
| | | 24.0 | 14,200 | 0.6 | | | | | | | | | 0.4 | |
| | | 24.0 | 17,700 | 1.7 | | | | | | | | | 1.4 | |
| | | 24.0 | 20,100 | 1.0 | | | | | | | | | 0.8 | |
| | | 24.0 | 18,400 | | | | | | | | | | | |
| | | 24.0 | 18,400 | 1.2 | | | | | | | | | 1.0 | |
| | | 24.0 | 21,000 | 1.3 | | | | | | | | | 1.1 | |
| | | 24.0 | 18,600 | 0.6 | | | | | | | | | 0.4 | |
| | | 24.0 | 17,000 | 2.0 | | | | | | | | | 1.7 | |
| | | 24.0 | 15,700 | 2.6 | | | | | | | | | 2.0 | |
| | | 24.0 | 17,300 | 0.6 | | | | | | | | | 0.6 | |
| | | 24.0 | 15,900 | 1.4 | | | | | | | | | 1.2 | |
| | | 24.0 | 16,800 | | | | | | | | | | | |
| | | 24.0 | 16,800 | 1.0 | | | | | | | | | 0.9 | |
| | | 24.0 | 18,000 | 1.7 | | | | | | | | | 1.5 | |
| | | 24.0 | 17,500 | 1.2 | | | | | | | | | 1.2 | |
| | | 24.0 | 13,500 | 1.4 | | | | | | | | | 1.2 | |
| | | 24.0 | 16,600 | 0.6 | | | | | | | | | 0.5 | |
| | | 24.0 | 14,800 | | | | | | | | | | | |
| | | 24.0 | 14,800 | 0.8 | | | | | | | | | 0.6 | |
| | | 24.0 | 14,000 | 0.5 | | | | | | | | | 0.4 | |
| | | 24.0 | 18,400 | 1.3 | | | | | | | | | 1.1 | |
| | | 24.0 | 17,800 | 2.0 | | | | | | | | | 1.7 | |
| | | 24.0 | 13,600 | 2.2 | | | | | | | | | 1.8 | |
| | | | 517,400 | | | | | | | | | | | |
| | | | 16,690 | | | | | | | | | | | |
| | | | 21,000 | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING V GROUND WATER OR PURCHASED FINISHED W. R



#VALUE!

See Pages 4 for Instructions.

I. General Information for the Month/Year of: Sept. 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-------------------------------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, FLORIDA | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | | City: | Leesburg | State: Florida Zip Code: 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | | | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | | |
|---|--|--|---|---|--------------------------------|--|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 | |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr | State: Florida Zip Code: 32701 | |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C | |

| Name | License Class | License Number | Days 1st Shift |
|-------------------|---------------|----------------|----------------|
| William Trendel | C | 6411 | Days 1st Shift |
| Terrence McCarthy | C | 4617 | Days 1st Shift |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 10/5/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497

Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: Sept. 2006

Means of Achieving Four-Log Virus Inactivation/Removal:

- Ultraviolet Radiation
 Other (Describe):
 Free Chlorine
 Chlorine Dioxide
 Ozone
 Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine
 Combined Chlorine (Chloramines)
 Chlorine Dioxide

| Date | Hours Plant Operated | Net Quantity of Finished Water Produced (gallons) | Peak Flow | | Disinfectant Concentration (C) Before or at First Customer During Peak Flowing | Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing (minutes) | Lowest CT Provided Before or at First Customer During Peak Flowing (min) | Temp of Water (°F) | pH of Water (if Applicable) | Minimum CT Required (mg/L-min) | P.U.V. Dose | | Lowest Residual Disinfectant Concentration at Various Points in Distribution System (mg/L) | Emergency or Abnormal Operating Conditions or Other Violations |
|------|----------------------|---|-----------|----------------------|--|--|--|--------------------|-----------------------------|--------------------------------|-------------------------|----------------------------------|--|--|
| | | | gpm | ft ³ /min | | | | | | | Lowest Operating (mg/L) | Minimum U.V. Dose Required (min) | | |
| 24.0 | | 19,200 | | | | | | | | | | | | |
| 24.0 | | 17,900 | | | 1.3 | | | | | | | | 1.0 | |
| 24.0 | | 16,650 | | | 1.5 | | | | | | | | 1.2 | |
| 24.0 | | 16,650 | | | | | | | | | | | 1.1 | |
| 24.0 | | 17,300 | | | 1.3 | | | | | | | | 1.3 | |
| 24.0 | | 21,100 | | | 1.5 | | | | | | | | 0.5 | |
| 24.0 | | 17,200 | | | 0.5 | | | | | | | | 1.0 | |
| 24.0 | | 12,300 | | | 1.3 | | | | | | | | 1.7 | |
| 24.0 | | 15,650 | | | 2.0 | | | | | | | | 0.8 | |
| 24.0 | | 15,650 | | | | | | | | | | | 1.0 | |
| 24.0 | | 14,200 | | | 0.9 | | | | | | | | 1.2 | |
| 24.0 | | 18,000 | | | 1.2 | | | | | | | | 0.4 | |
| 24.0 | | 15,400 | | | 0.4 | | | | | | | | 1.0 | |
| 24.0 | | 12,500 | | | 0.6 | | | | | | | | 0.4 | |
| 24.0 | | 17,800 | | | 2.5 | | | | | | | | 0.4 | |
| 24.0 | | 19,750 | | | 1.0 | | | | | | | | 2.0 | |
| 24.0 | | 19,750 | | | | | | | | | | | 0.5 | |
| 24.0 | | 25,900 | | | 1.4 | | | | | | | | 1.1 | |
| 24.0 | | 15,000 | | | 2.1 | | | | | | | | 2.0 | |
| 24.0 | | 16,800 | | | 1.0 | | | | | | | | 0.8 | |
| 24.0 | | 16,800 | | | 1.4 | | | | | | | | 1.2 | |
| 24.0 | | 16,600 | | | 1.4 | | | | | | | | 1.2 | |
| 24.0 | | 20,550 | | | 1.0 | | | | | | | | 0.9 | |
| 24.0 | | 20,550 | | | | | | | | | | | 0.6 | |
| 24.0 | | 16,000 | | | 0.7 | | | | | | | | 0.5 | |
| 24.0 | | 18,900 | | | 0.5 | | | | | | | | 1.1 | |
| 24.0 | | 15,600 | | | 1.3 | | | | | | | | 1.5 | |
| 24.0 | | 18,000 | | | 1.8 | | | | | | | | 0.9 | |
| 24.0 | | 17,700 | | | 1.1 | | | | | | | | 1.3 | |
| 24.0 | | 16,900 | | | 1.5 | | | | | | | | 0.9 | |
| 24.0 | | | | | 1.0 | | | | | | | | 0.9 | |
| | | 521,500 | | | | | | | | | | | | |
| | | 17,383 | | | | | | | | | | | | |
| | | 25,900 | | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-------------------------------------|
| PWS Name: | Harmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, FLORIDA | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | | City: | Leesburg | State: Florida Zip Code: 34749-0310 |
| Contact Person's Telephone Number: | (407)339-5424 | | | Contact Person's Fax Number: | (407) 339-7490 |
| Contact Person's E-Mail Address: | | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|-----------------|---|-------------------------|--------------------------------|
| Plant Name: | Harmony Homes | | | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | | City: | Altamonte Spr | State: Florida Zip Code: 32701 |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | | <input type="checkbox"/> Purchased Finished Water | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |
| Undersigned Operator: | Name: | Operator Class: | License Number: | Day(s) Shift(s) worked | |
| <input checked="" type="checkbox"/> | William Trendel | C | 6411 | Days 1st Shift | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Terrence McCarthy | C | 4617 | Days 1st Shift | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | | | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Trendel

Printed or Typed Name

C-6411

License Number

MONTHLY OPERATION REPORT FOR PWS'Ss TREATING WITH GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Homes

III. Daily Data for the Month/Year of: October, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Day of Month | Days Plant Staffed or Visited by Operator (Place "X" in box) | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable | | | | | | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation | |
|--------------|--|--------------------------|---|--|---|--|---|-------------------|----------------------------|-------------------------------|---|--|--|
| | | | | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Contact Time Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | | | Lowest Operating UV Dose, mW-sec/cm ² |
| | | 24.0 | 18,950 | | | | | | | | | | |
| | | 24.0 | 18,950 | | | | | | | | | | |
| | | 24.0 | 19,200 | | | | | | | | | 0.4 | |
| | | 24.0 | 18,500 | | | | | | | | | 1.0 | |
| | | 24.0 | 18,500 | | | | | | | | | 1.5 | |
| | | 24.0 | 16,200 | | | | | | | | | 1.5 | |
| | | 24.0 | 21,200 | | | | | | | | | 0.7 | |
| | | 24.0 | 15,350 | | | | | | | | | 1.0 | |
| | | 24.0 | 15,350 | | | | | | | | | 1.0 | |
| | | 24.0 | 20,000 | | | | | | | | | 1.4 | |
| | | 24.0 | 16,700 | | | | | | | | | 1.6 | |
| | | 24.0 | 15,800 | | | | | | | | | 1.3 | |
| | | 24.0 | 17,200 | | | | | | | | | 2.2 | |
| | | 24.0 | 12,400 | | | | | | | | | 1.0 | |
| | | 24.0 | 16,800 | | | | | | | | | 0.6 | |
| | | 24.0 | 18,850 | | | | | | | | | | |
| | | 24.0 | 18,850 | | | | | | | | | 1.2 | |
| | | 24.0 | 17,900 | | | | | | | | | 1.4 | |
| | | 24.0 | 12,300 | | | | | | | | | 1.6 | |
| | | 24.0 | 14,000 | | | | | | | | | 1.5 | |
| | | 24.0 | 18,200 | | | | | | | | | 0.6 | |
| | | 24.0 | 15,500 | | | | | | | | | | |
| | | 24.0 | 15,500 | | | | | | | | | 1.3 | |
| | | 24.0 | 15,500 | | | | | | | | | 1.7 | |
| | | 24.0 | 14,900 | | | | | | | | | 1.6 | |
| | | 24.0 | 16,300 | | | | | | | | | 1.3 | |
| | | 24.0 | 13,900 | | | | | | | | | 2.0 | |
| | | 24.0 | 16,300 | | | | | | | | | 1.3 | |
| | | 24.0 | 11,500 | | | | | | | | | 2.2 | |
| | | 24.0 | 14,350 | | | | | | | | | | |
| | | 24.0 | 14,350 | | | | | | | | | 0.5 | |
| | | 24.0 | 12,400 | | | | | | | | | 1.2 | |
| | | | 503,200 | | | | | | | | | | |
| | | | 16,232 | | | | | | | | | | |
| | | | 21,200 | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW'Ss TREATING ... W GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3590497 Plant Name: Harmony Home
 (III) Daily Data for the Month/Year of: November, 2006

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Disinfectant Residual Concentration, mg/L (Mandatory) Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

| Day of the Month | Disinfectant Residual Concentration, mg/L (Mandatory) | | Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | CT Calculations | | UV Dose | | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|------------------|---|---------|--|---------|---|-------------------|-----------------------------|--|---|--|
| | Minimum | Maximum | Minimum | Maximum | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min | Temp of Water, °C | Minimum CT Required, mg-min | Lowest Operating UV Dose, mW-sec/cm ² | | |
| 1 | 24.0 | 13,500 | | 1.2 | | | | | | 1.0 |
| 2 | 24.0 | 9,300 | | 2.6 | | | | | | 1.8 |
| 3 | 24.0 | 18,000 | | 0.7 | | | | | | 0.5 |
| 4 | 24.0 | 13,150 | | 1.1 | | | | | | 1.0 |
| 5 | 24.0 | 13,150 | | 1.2 | | | | | | 1.1 |
| 6 | 24.0 | 14,100 | | 1.3 | | | | | | 1.3 |
| 7 | 24.0 | 15,000 | | 2.1 | | | | | | 2.0 |
| 8 | 24.0 | 8,100 | | 2.7 | | | | | | 2.1 |
| 9 | 24.0 | 11,100 | | 0.8 | | | | | | 0.6 |
| 10 | 24.0 | 15,600 | | 1.7 | | | | | | 1.5 |
| 11 | 24.0 | 11,100 | | 1.5 | | | | | | 1.1 |
| 12 | 24.0 | 13,950 | | 0.9 | | | | | | 0.8 |
| 13 | 24.0 | 13,950 | | 2.0 | | | | | | 1.0 |
| 14 | 24.0 | 14,700 | | 2.5 | | | | | | 2.0 |
| 15 | 24.0 | 16,000 | | 1.7 | | | | | | 1.4 |
| 16 | 24.0 | 11,200 | | 1.5 | | | | | | 1.0 |
| 17 | 24.0 | 13,000 | | 0.7 | | | | | | 0.5 |
| 18 | 24.0 | 14,200 | | 1.0 | | | | | | 1.4 |
| 19 | 24.0 | 14,200 | | 2.5 | | | | | | 2.0 |
| 20 | 24.0 | 14,200 | | 1.6 | | | | | | 1.1 |
| 21 | 24.0 | 16,200 | | 2.2 | | | | | | 1.7 |
| 22 | 24.0 | 11,400 | | 0.8 | | | | | | 0.7 |
| 23 | 24.0 | 14,400 | | 2.3 | | | | | | 1.8 |
| 24 | 24.0 | 18,500 | | 2.0 | | | | | | 1.8 |
| 25 | 24.0 | 14,100 | | 2.0 | | | | | | 1.6 |
| 26 | 24.0 | 14,100 | | 1.7 | | | | | | 1.0 |
| 27 | 24.0 | 14,100 | | 2.0 | | | | | | 1.8 |
| 28 | 24.0 | 11,300 | | 2.0 | | | | | | 1.8 |
| 29 | 24.0 | 14,200 | | 2.0 | | | | | | 1.6 |
| 30 | 24.0 | 11,600 | | 1.7 | | | | | | 1.0 |
| 31 | 24.0 | | | | | | | | | |
| Total | | 407,400 | | | | | | | | |
| Average | | 13,580 | | | | | | | | |
| Maximum | | 18,500 | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December 2006

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|-----------------|
| PWS Name: | Harrmony Homes | | | PWS Identification Number: | 3590497 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 64 | | | Total Population Served at End of Month: | 158 |
| PWS Owner: | Aqua Utilities, Florida | | | | |
| Contact Person: | William Trendel | | | Contact Person's Title: | Senior Operator |
| Contact Person's Mailing Address: | P.O. Box 490310 | | City: | Leesburg | State: Florida |
| Contact Person's Telephone Number: | (407) 339-5424 | | Zip Code: | 34749-0310 | |
| Contact Person's E-Mail Address: | | | | | |
| Contact Person's Fax Number: | (407) 339-7490 | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|---|--|-------------------------|---------------|
| Plant Name: | Harrmony Homes | | | Plant Telephone Number: | 407-339-5424 |
| Plant Address: | 101 Plymouth Avenue | | | City: | Altamonte Spr |
| Type of Water Treatment by Plant: | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 216,000 | | | | |

| Plant Category (per subsection 62-699.310(4), F.A.C.): | | Plant Class (per subsection 62-699.310(4), F.A.C.): | | | |
|--|---------------|---|----------------|----------------|----------------|
| Operator Name | License Class | License Number | Days 1st Shift | Days 2nd Shift | Days 3rd Shift |
| William Trendel | C | 5611 | | | |
| Terrence McCarthy | C | 4617 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

William Trendel 1/8/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3590497** Plant Name: **Harmony Homes**

III. Daily Data for the Month/Year of: **December, 2006**

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

| Date | Time | Flow (MGD) | Quantity of Disinfectant Added (lb) | Free Chlorine Residual (mg/L) | | Disinfectant Contact Time (min) | Lowest CT Provided Before or at First Customer (mg-min) | pH of Water | Minimum CT Required (mg-min) | Operating UV Dose (mJ/cm²) | Minimum UV Dose Required (mJ/cm²) | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L) | Remarks |
|-------|------|------------|-------------------------------------|-------------------------------|------------------|---------------------------------|---|-------------|------------------------------|----------------------------|-----------------------------------|--|---|
| | | | | Before or at First Customer | During Peak Flow | | | | | | | | |
| 12/1 | 24.0 | 13,700 | | 0.8 | | | | | | | | 0.6 | |
| 12/2 | 24.0 | 12,150 | | 0.7 | | | | | | | | 0.5 | |
| 12/3 | 24.0 | 14,000 | | 0.8 | | | | | | | | 0.6 | |
| 12/4 | 24.0 | 13,900 | | 1.3 | | | | | | | | 1.2 | |
| 12/5 | 24.0 | 9,300 | | 3.0 | | | | | | | | 2.5 | |
| 12/6 | 24.0 | 11,500 | | 1.5 | | | | | | | | 1.3 | |
| 12/7 | 24.0 | 11,800 | | 0.9 | | | | | | | | 0.7 | |
| 12/8 | 24.0 | 11,400 | | 0.7 | | | | | | | | 0.5 | |
| 12/9 | 24.0 | 12,550 | | | | | | | | | | | |
| 12/10 | 24.0 | 12,550 | | 1.1 | | | | | | | | 1.0 | |
| 12/11 | 24.0 | 12,700 | | 2.0 | | | | | | | | 1.7 | |
| 12/12 | 24.0 | 13,400 | | 1.5 | | | | | | | | 1.2 | |
| 12/13 | 24.0 | 12,000 | | 1.6 | | | | | | | | 1.3 | |
| 12/14 | 24.0 | 12,900 | | 1.5 | | | | | | | | 1.3 | |
| 12/15 | 24.0 | 13,550 | | | | | | | | | | | |
| 12/16 | 24.0 | 13,550 | | 1.6 | | | | | | | | 1.3 | |
| 12/17 | 24.0 | 11,000 | | 1.4 | | | | | | | | 1.3 | |
| 12/18 | 24.0 | 11,200 | | 2.1 | | | | | | | | 1.8 | |
| 12/19 | 24.0 | | | 1.7 | | | | | | | | 1.5 | on city interconnect/control panel rep. |
| 12/20 | 24.0 | | | 0.6 | | | | | | | | 0.5 | on city interconnect/control panel rep. |
| 12/21 | 24.0 | | | 1.0 | | | | | | | | 0.8 | on city interconnect/control panel rep. |
| 12/22 | 24.0 | 11,000 | | 0.6 | | | | | | | | 0.5 | on city interconnect/control panel rep. |
| 12/23 | 24.0 | | | | | | | | | | | | on city interconnect/control panel rep. |
| 12/24 | 24.0 | | | 1.0 | | | | | | | | 0.4 | on city interconnect/control panel rep. |
| 12/25 | 24.0 | 14,300 | | 1.3 | | | | | | | | 1.0 | |
| 12/26 | 24.0 | 11,600 | | 2.3 | | | | | | | | 1.6 | |
| 12/27 | 24.0 | 12,400 | | 1.7 | | | | | | | | 1.4 | |
| 12/28 | 24.0 | 13,550 | | | | | | | | | | | |
| 12/29 | 24.0 | 13,550 | | 1.6 | | | | | | | | 1.3 | |
| 12/30 | | 301,700 | | | | | | | | | | | |
| 12/31 | | 9,605 | | | | | | | | | | | |
| 12/31 | | 14,300 | | | | | | | | | | | |

* Refer to the instructions for this report to determine which plants must provide this information.

HARMONEY HOMES



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com.

CERTIFIED NUMBER: 7004 0750 0003 3823 0134

August 12, 2004

Aqua Utilities of Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

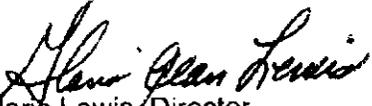
SUBJECT: Consumptive Use Permit #8357

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,


Gloria Lewis, Director
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor 

DOCUMENT NUMBER - DATE
04332 MAY 22 08
FPSC - COMMISSION CLERK

GOVERNING BOARD

| | | | |
|---------------------------------------|--|--------------------------------------|--|
| Ometrios D. Long, CHAIRMAN APOPKA | David G. Graham, VICE CHAIRMAN JACKSONVILLE | R. Clay Albright, SECRETARY OCALA | Duane Ottenstroer, TREASURER JACKSONVILLE |
| W. Michael Branch FERNANDINA BEACH | John G. Sownski ORLANDO | William Kerr MELBOURNE BEACH | Ann T. Moore BUNKELL |
| | | | Susan H. Hughes JACKSONVILLE |

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

- (1) **Transfer of Permitted Facility.** Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.
- (2) **Transfer of Interest in Real Property.** Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.
- (3) **Transfer of Permit.** To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

PERMIT NO. 8357

ORIGINAL PERMIT ISSUED: January 18, 2000
TRANSFER PROCESS DATE: August 11, 2004

PROJECT NAME: Harmony Homes

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 8.47 million gallons per year of ground water from the Floridan aquifer for household type uses.

LOCATION:

Site: Harmony Homes
Seminole County

Section(s): 7 Township(s): 20S Range(s): 30E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated January 18, 2000

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____



Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8357
AQUA UTILITIES FLORIDA
DATED JANUARY 18, 2000

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
- (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the *general public and District enforcement personnel* of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. Well No.1 (GRS # 15638), as listed on the application, is equipped with individual, totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
12. This permit will expire on January 18, 2020.
13. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
14. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
15. All submittals made to demonstrate compliance with this permit must include the permit number 8357 plainly labeled.
16. Total withdrawal from Well No. 1 (GRS # 15638), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:
- | Reporting Period | Report Due Date |
|------------------|-----------------|
| January - June | July 31 |
| July - December | January 31. |
17. The permittee must have the flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.
18. The permittee must maintain all meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
19. Maximum annual withdrawal from the following sources; the Floridan Aquifer, for household type uses must not exceed:
8.470 million gallons for 2000 for 0.250 acres.

8.470 million gallons for 2001 for 0.250 acres.
8.470 million gallons for 2002 for 0.250 acres.
8.470 million gallons for 2003 for 0.250 acres.
8.470 million gallons for 2004 for 0.250 acres.
8.470 million gallons for 2005 for 0.250 acres.
8.470 million gallons for 2006 for 0.250 acres.
8.470 million gallons for 2007 for 0.250 acres.
8.470 million gallons for 2008 for 0.250 acres.
8.470 million gallons for 2009 for 0.250 acres.
8.470 million gallons for 2010 for 0.250 acres.
8.470 million gallons for 2011 for 0.250 acres.
8.470 million gallons for 2012 for 0.250 acres.
8.470 million gallons for 2013 for 0.250 acres.
8.470 million gallons for 2014 for 0.250 acres.
8.470 million gallons for 2015 for 0.250 acres.
8.470 million gallons for 2016 for 0.250 acres.
8.470 million gallons for 2017 for 0.250 acres.
8.470 million gallons for 2018 for 0.250 acres.
8.470 million gallons for 2019 for 0.250 acres.
8.470 million gallons for 2020 for 0.250 acres.

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: February 28, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
140 Hope Street
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.
Workorder ID: Harmony Homes Dichloropropane [2127882]
Received: 2/08/07 13:13

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127882]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Dichloropropane

| Parameter | Qualifier | Result ¹ | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|--|-----------|---------------------|-------|-----------------|-----------|---|----------------|--|---------|--------|
| Laboratory ID: 2127882001 Sample ID: WTP-POE Grab | | | | | | Sampled: 02/08/07 8:40 Matrix: Water | | Received: 02/08/07 13:13 Results reported on Wet Weight Basis | | |
| 1,2-Dichloropropane | | 3.1 | ug/L | 0.40 | EPA 524.2 | VOC2759 | | 02/19/07 19:45 | WR | E96080 |
| Laboratory ID: 2127882002 Sample ID: Trip Blank | | | | | | Sampled: Matrix: Water | | Received: 02/08/07 13:13 Results reported on Wet Weight Basis | | |
| 1,2-Dichloropropane | | 0.40 U | ug/L | 0.40 | EPA 524.2 | VOC2759 | | 02/19/07 20:19 | WR | E96080 |

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Harmony Homes PWS I.D. #: 3 5 9 0 4 9 7

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 1916 Magnolia

City: Altamonte Springs State: FL ZIP Code: 32750

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 001 Location Code (if known): _____

Sample Date: 02/08/07 Sample Time: 8:40 AM

Sample Location (be specific): WTP-POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) | |
|--|---|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (which Qtr? <u>Q1</u>) | |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input checked="" type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407 339 5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, Terry McCarthy Print Name, Water Treat. Oper. Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Terry McCarthy Date: 3/5/07

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/8/07

PWS ID (From Page 1): _____ Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2127882001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

| | | | |
|--|--|---|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | |
| | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 28-Feb-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**ARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

10 U.S. 1 North, Fort Pierce, FL 34946
Tel: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc.
Sample Location: WTP-POE Grab
Sampling Date: 2/08/07 8:40
Sample Received: 2/08/07 13:13

Workorder: Harmony Homes Dichloropropane
Sample Number: 2127882001
PWS ID (From Page 1): 3590497

| Contam | Contam Name | MCL | Units | Analysis Result | Qual. | Analytical Method | Lab MDL | RDL | Analysis Date/Time | DOH Lab Cert # |
|--------|-------------|-----|-------|-----------------|-------|-------------------|---------|-----|--------------------|----------------|
|--------|-------------|-----|-------|-----------------|-------|-------------------|---------|-----|--------------------|----------------|

| | | | | | | | | | | |
|-----|---------------------|-----|------|-----|--|-----------|------|-----|---------------|--------|
| 983 | 1,2-Dichloropropane | [5] | ug/L | 3.1 | | EPA 524.2 | 0.40 | 0.5 | 2/19/07 19:45 | E96080 |
|-----|---------------------|-----|------|-----|--|-----------|------|-----|---------------|--------|

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

300 US 1 North
Fort Pierce, FL 34946
DOH # E96080

4155 St. Johns Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 2/28/07



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/8/07

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2127882002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature  Date: 28-Feb-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates, locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**RBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

U.S. 1 North, Fort Pierce, FL 34946
 Tel: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Harmony Homes Dichloropropane
 Sample Location: Trip Blank Sample Number: 2127882002
 Sampling Date: PWS ID (From Page 1): _____
 Sample Received: 2/08/07 13:13

| Contam | Contam Name | MCL | Units | Analysis Result | Qual.* | Analytical Method | Lab MDL | RDL | Analysis Date/Time | DOH Lab Cert # |
|--------|---------------------|-----|-------|-----------------|--------|-------------------|---------|-----|--------------------|----------------|
| 183 | 1,2-Dichloropropane | [5] | ug/L | 0.40 | U | EPA 524.2 | 0.40 | 0.5 | 2/19/07 20:19 | E96080 |

Reporting Format 62-550.730
 Effective January 1995, Revised January 2007

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *,
 unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To
 avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

100 US 1 North
 Fort Pierce, FL 34946
 DOH # E96080

4155 St. Johns Pkwy, Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd.
 Brooksville, FL 34601
 FDOH # E84418

Printed: 2/28/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 31, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove CN

[2127061]

Received: 10/11/06 12:10

Dear Brian Heath;

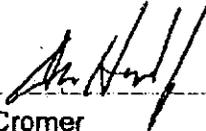
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/31/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hermits Cove CN
Received: 10/11/06 12:10

[2127061]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number Sample ID Analytical Method Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/31/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127061]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove CN

| Parameter | Qualifier | Result ¹ | Units | Reporting Limit | Method | Laboratory Batch | Prep Date/Time | Analyzed Date/Time | Analyst | Lab ID |
|--|-----------|---------------------|-------|-----------------|-----------|--|----------------|--|---------|--------|
| Laboratory ID: 2127061001 Sample ID: POE Grab | | | | | | Sampled: 10/10/06 14:25 Matrix: Water | | Received: 10/11/06 12:10 Results reported on Wet Weight Basis | | |
| Cyanide | | 0.0047 U | mg/L | 0.0047 | SM4500CNE | WCGE26500 | 10/19/06 12:00 | 10/23/06 11:25 | GG | E96080 |

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/31/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: HERMITAS COLE PWS I.D. #: 2540482
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: BUFFALO BLUFF RD.
 City: SATTLUMA State: FL ZIP Code: 32189
 Phone #: 386-329-1122 Fax #: 386-329-9977
 E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 10/10/06 Sample Time: 2:25 PM
 Sample Location (be specific): POE Grab
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

| | |
|---|--|
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Ave Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Near First Customer | Sampling Procedure Used or Other Comments: _____ |

*See 62-550.550(6) for requirements and restrictions.
 Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: RALPH MARRIOTT
 Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977
 Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON for RALPH MARRIOTT FIELD COORDINATOR
 Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 11/13/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/11/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2127061001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17 <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30 <input type="checkbox"/> All Except Dioxin <input type="checkbox"/> Partial <input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21 <input type="checkbox"/> Partial <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes <input type="checkbox"/> Haloacetic Acids <input type="checkbox"/> Bromate <input type="checkbox"/> Chlorite <p><u>Secondaries</u></p> <input type="checkbox"/> All 14 <input type="checkbox"/> Partial |
|---|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer, Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 31-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Hermits Cove CN
Sample Location: POE Grab
Sample Number: 2127061001
Sampling Date: 10/10/06 14:25
Date Received: 10/11/06 12:10

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qual.* | Analytical Method | Lab MDL | Analysis Date/Time | DOH Lab Cert # |
|-----------|-------------|-------|-------|-----------------|--------|-------------------|---------|--------------------|----------------|
| 1024 | Cyanide | [0.2] | mg/L | 0.0047 | U | SM4500CN E | 0.0047 | 10/23/06 11:25 | E96080 |

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/31/06



HARBOR BRANCH ENVIRONMENTAL LABORATORY

5600 U.S. 1 North, Fort Pierce, FL 34946
(772) 465-2400, Ext. 285



October 19, 2006

Brian Heath
Aqua Utilities Florida, Inc.
140 Hope Street
Longwood FL 327505141

Client: Aqua Utilities Florida, Inc.
Workorder ID: Harmony Homes HAA5 [2126941]
Received: 9/28/06 1:17:00 PM

Dear Brian Heath

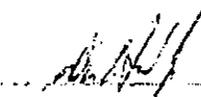
Analytical results presented in this report have been reviewed for compliance with the Harbor Branch Environmental Laboratory Comprehensive Quality Assurance Plan (FDEP CQAP #870174) and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this coversheet.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Note: This report is not to be copied, except in full, without the expressed written consent of the Harbor Branch Environmental Laboratory.

Respectfully submitted,


Cindy Cromer
Laboratory Director

Southeast Florida
Fort Pierce, FL 34946
FDOH # E96080
Printed: 10/19/06

Central Florida
Sanford, FL 32771
FDOH # E83509

Fort Myers Area
Lehigh Acres, FL 33936
FDOH # E85370

West Central Florida
Brooksville, FL 34601
FDOH # E84418

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Harmony Homes PWS I.D. #: 3590497

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 102 Plymouth Ave

City: Altamonte Springs State: FL ZIP Code: 32750

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 22 641 001 Location Code (if known): _____

Sample Date: 1/18/01 Sample Time: 09:20

Sample Location (be specific): 121 Ford Ave

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 8.0

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input checked="" type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407 509 8398 Sampler's Fax #: 407 339 7490

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, William Trendel, Sen. Fac. Oper.
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: William Trendel Date: 10/24/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: _____
 PWS ID (From Page 1): 3590497 Sample Number (From Page 1): 001
 Lab Assigned Report Number or Job ID: 2126941

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|--|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | Radionuclides | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | Secondaries |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 19-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)
 Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-976-1244 Fax 813-955-2818



Harbor Branch Environmental Laboratory

Drinking Water Analyses

Sample ID: 2126941001

October 18, 2006

Sample No.: 63937.09

PWS ID: _____

Disinfectant Residual (mg/L): _____

Disinfection Byproducts 62-550.310(3)

| Contaminant ID | Contaminant Name | MCL | Units | Analysis | | Analytical Method | Lab MDL | Analysis | | DOH Lab Certification # |
|----------------|------------------------|-----|-------|----------|------------|-------------------|---------|----------|---------------|-------------------------|
| | | | | Result | Qualifier* | | | Date | Analysis Time | |
| 2450 | Monochloroacetic Acid | N/A | µg/L | 1 | U | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |
| 2451 | Dichloroacetic Acid | N/A | µg/L | 4.2 | | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |
| 2452 | Trichloroacetic Acid | N/A | µg/L | 4.5 | | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |
| 2453 | Monobromoacetic Acid | N/A | µg/L | 1 | U | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |
| 2454 | Dibromoacetic Acid | N/A | µg/L | 1.1 | I | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |
| 2456 | Total Haloacetic Acids | 50 | µg/L | 9.8 | | EPA 552.2 | 1 | 10/11/06 | 20:28 | E84129 |

Qualifiers:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit
- U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-463-2400 ext. 292
Fax: (772) 467-1584

63937

Subcontracting Form 005A
REV 001
Effective Date 12/05/0002

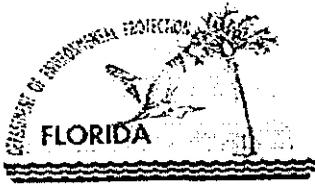
CHAIN OF CUSTODY RECORD

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/29/06 TAP: STD

| HARBOR BRANCH ENVIRONMENTAL LABORATORY | | | | | | | ANALYSIS REQUIRED | | | | COLLECTION REMARKS | |
|--|--------|-----------------|------|------|----------------|------------|-------------------|--|--|--|--------------------|--|
| PROJECT NAME: <u>HAA5</u> | | | | | | | PRESERVATIVE | | | | SAMPLE COMMENTS | |
| SAMPLE TYPE: Composite = C, Grab = G | | | | | | | PRESERVATIVE | | | | | |
| MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O | | | | | | | PRESERVATIVE | | | | | |
| Client Code | MATRIX | COLLECTION DATE | TIME | TYPE | NOEL/SALPCE ID | Replicates | | | | | | |
| 01 | DW | 9/26/06 | 1310 | G | 2126 918001B | 1 | ✓ | | | | 94500ml at 11h, CO | |
| 02 | | 9/26/06 | 1330 | | 2126 919001B | 1 | ✓ | | | | | |
| 03 | | 9/26/06 | 1515 | | 2126 920001B | 1 | ✓ | | | | | |
| 04 | | 9/26/06 | 1630 | | 2126 921001B | 1 | ✓ | | | | | |
| 05 | | 9/26/06 | 1815 | | 2126 922001B | 1 | ✓ | | | | | |
| 06 | | 9/27/06 | 0730 | | 2126 923001B | 1 | ✓ | | | | | |
| 07 | DW | 9/27/06 | 0830 | | 2126 935001 | 1 | ✓ | | | | | |
| 08 | DW | 9/27/06 | 1710 | G | 2126 935002 | 1 | ✓ | | | | | |
| 09 | DW | 9/28/06 | 0900 | G | 2126 941001 | 1 | ✓ | | | | | |

| | | | | | |
|--|------------------------|----------------------|---|------------------------|---------------------|
| REMOVED BY: <u>Q. Nordmark to FedEx</u> | DATE <u>9/28/06</u> | TIME <u>16:10</u> | REMOVED BY: <u>FedEx</u> | DATE | TIME |
| REMOVED BY: <u>FedEx</u> | DATE | TIME | LABORATORY NAME AND RECEIVED BY: <u>K Nordmark</u> | DATE <u>9/29/06</u> | TIME <u>0850</u> |



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

Sent 10/19/05

VIA E-MAIL

BEHEATH@AQUAAMERICA.COM

October 10, 2005

Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

OCD-PW-SS-05-0947

Attention: **Brian Heath**

Seminole County - PW
Harmony Homes
PWS ID Number 3590497

Dear Mr. Heath:

This confirms a visit to the subject community public water system on September 21, 2005, by Joni Petry of this office to conduct a sanitary survey. The inspection was conducted in the presence of Terry McCarthy of Aqua Utilities. A copy of the sanitary survey report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit; however, please note the items listed on pages 5 and 6 of the report and provide the requested information.

The Department values your continued cooperation in operating and maintaining your water system and appreciates the assistance provided during the sanitary survey.

If you have any questions, please contact Joni Petry by email at Joni.Petry@dep.state.fl.us or by phone at (407) 894-7555, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/jp
Enclosures

cc: Joyce Bittle, Seminole County Health Department (joyce_bittle@doh.state.fl.us)

DOCUMENT NUMBER - DATE

04332 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name HARMONY HOMES County Seminole PWS ID # 3590497
Plant Location 101 Plymouth Ave., Altamonte Springs, FL 32701 Phone: 352-732-6027
Owner Name Aqua Utilities, Brian Heath Phone: 352-732-6027
Owner Address P.O. Box 490310, Leesburg, FL 34749 Email: beheath@aquaamerica.com
Contact Person William Trendel Title Lead Operator Phone 407-339-5424
This Survey Date 9/21/05 Last Survey Date 9/24/02 Last C.I. Date 7/9/98

PWS TYPE & CLASS

- Community (5D)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
Serial #3982 dated 2/15/60, cleared 11/15/62
 Unapproved system

SERVICE AREA CHARACTERISTICS

Single Family Homes
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Terry McCarthy C-4617
William Trendel C-6411

O & M Log: Yes No Not required
Operator Visitation Frequency

Hrs/day: Required N/A Actual N/A
Days/wk: Required 3 Actual 5+1
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Finished water orthophosphate levels not reported on the MORs.

Number of Service Connections 67
Population Served 234 Basis 3.5/svc. cx.
Average Day (from MORs) 13,317 gpd
Max. Day (from MORs) 47,800 gpd 6/05
Max-day Design Capacity 216,000 gpd
Comments MORs show 64 service connections and 158 population size. Please provide correct and updated information to the Department and on the MOR.

RAW WATER SOURCE

- GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source City of Altamonte Springs provided through 2" manual interconnect
Emergency Water Capacity Unknown

AUXILIARY POWER SOURCE

- Yes None Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy 1/2 max-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Iron sequestration - Aquadene (approved design dosage rate for Aqua Mag 1.3ppm total phosphate; use of Aquadene accepted after 9/24/02 sanitary survey)
What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 3" McCrometer
Backflow Prevention Devices: Yes No
Cross-connections None observed.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: Yes No N/A
Comments Cross-connection control plan on file is from 1993. Copy of coliform sampling plan kept at plant; please submit a copy to the Department. No Disinfectants/Disinfection Byproducts Plan on file.

GROUND WATER SOURCE

| | | | | |
|---|-----------------------|---------------|--|--|
| Well Number | 1 | | | |
| Year Drilled | 1965 | | | |
| Depth Drilled | Unknown | | | |
| Drilling Method | | | | |
| Type of Grout | | | | |
| Static Water Level | | | | |
| Pumping Water Level | | | | |
| Design Well Yield | | | | |
| Test Yield | | | | |
| Actual Yield (if different than rated capacity) | | | | |
| Strainer | | | | |
| Length (outside casing) | | | | |
| Diameter (outside casing) | 8" | | | |
| Material (outside casing) | Steel | | | |
| Well Contamination History | None | | | |
| Is inundation of well possible? | No | | | |
| 6' X 6' X 4" Concrete Pad | Yes | | | |
| SET BACKS | Septic Tank | >100' | | |
| | Reuse Water | N/A | | |
| | WW Plumbing | >100' | | |
| | Other Sanitary Hazard | None observed | | |
| PUMP | Type | Submersible | | |
| | Manufacturer Name | Sta-Rite | | |
| | Model Number | Unknown | | |
| | Rated Capacity (gpm) | 300 | | |
| | Motor Horsepower | 10 | | |
| Well casing 12" above grade? | No | | | |
| Well Casing Sanitary Seal | Yes | | | |
| Raw Water Sampling Tap | Yes | | | |
| Above Ground Check Valve | Yes | | | |
| Fence/Housing | Yes | | | |
| Well Vent Protection | Yes | | | |

COMMENTS: FL Well ID# AAH2586. Provide all unknown information. Check valve replaced within the past year; removal of previous check valve left mild indentation in well pad. Please note the Department will accept the casing and the well pad as they currently exist unless the well is found to be chemically or bacteriologically compromised.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 40 gpd
 Chlorine Feed Rate Set at 5
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.39 Remote 1.41
 Remote tap location 304 Magnolia St.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydro tank
 Booster Pump Info N/A
 Comments Aquadene injected into raw water line
using a Stenner pump set at 1.
System is flushed twice a month.

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

| Tank Type/Number | H | | |
|-----------------------------------|-------|--|--|
| Capacity (gal) | 5000 | | |
| Material | Steel | | |
| Gravity Drain | Yes | | |
| By-pass Piping | No | | |
| Pressure Gauge | Yes | | |
| Sight Glass or Level Indicator | Yes | | |
| Fittings for Sight Glass | Yes | | |
| Protected Openings | Yes | | |
| PRV/ARV | PRV | | |
| On/Off Pressure | 50-70 | | |
| Access Padlocked | Yes | | |
| Height to Bottom of Elevated Tank | N/A | | |
| Height to Max. Water Level | N/A | | |

Comments Hydropneumatic tank equipped with manhole.

| Chlorine Gas Use Requirements | YES | NO | Comments |
|------------------------------------|--------------------------|--------------------------|----------|
| Dual System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Auto-switchover | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alarms: | | | |
| Loss of Cl ₂ capability | <input type="checkbox"/> | <input type="checkbox"/> | |
| Loss of Cl ₂ residual | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cl ₂ leak detection | <input type="checkbox"/> | <input type="checkbox"/> | |
| Scale | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chained Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reserve Supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate Air-pak | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sign of Leaks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fresh Ammonia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Room Lighting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Warning Signs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Repair Kits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fitted Wrench | <input type="checkbox"/> | <input type="checkbox"/> | |
| Housing/Protection | <input type="checkbox"/> | <input type="checkbox"/> | |

AERATION (Gases, Fe, & Mn Removal)

Type N/A Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

HIGH SERVICE PUMPS

| Pump Number | N/A | | |
|----------------|-----|--|--|
| Type | | | |
| Make | | | |
| Model | | | |
| Capacity (gpm) | | | |
| Motor HP | | | |
| Date Installed | | | |
| Maintenance | | | |

Comments _____

DEFICIENCIES:

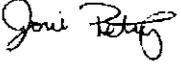
No physical deficiencies noted.

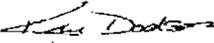
COMMENTS:

1. Based on the treatment processes and permitted maximum day design capacity, this system is classified as a category V and class D plant. This system will require staffing by Class D or higher operator performing 3 nonconsecutive visits per week. [Rule 62-699.310(4)(e), F.A.C.] Please make the necessary changes to the monthly operation reports (MORs) to reflect this change.
2. Provide the correct information on the number of service connections and population. Monthly operation reports (MORs) indicate 64 service connections and a population of 158; Department records indicate 67 service connections and a population of 234 based on 3.5 multiplier. Include the correct information in a response letter to the Department and ensure the correct information is provided on the MORs.
3. Finished water orthophosphate levels are not being reported monthly as required in DEP's letter dated October 3, 1994. Orthophosphate levels shall be monitored biweekly at the entry point to the distribution system and reported on MORs.
4. Provide documentation of last cleaning and inspection for finished water storage tanks. Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]
5. Provide the emergency water capacity supplied by the City of Altamonte Springs to Harmony Homes through the 2-inch manual interconnect.
6. The Department does not have a copy of the written Coliform (i.e. bacteriological) sampling plan. Please provide a written plan that addresses the location, timing, frequency of sampling, and rotation period. A copy of a sample bacteriological plan is available upon request. [Rule 62-550.518(1), F.A.C.]
7. Provide a copy of the Disinfectants/Disinfection Byproducts Plan at the water treatment plant and to the Department. [Rule 62-550.821(10), F.A.C.]
8. Please provide information on how this system has established and implemented a cross-connection control program, including a written plan, to detect and control cross-connections and prevent backflow of contaminants into the water system. [Rule 62-555.360(2), F.A.C.]
9. Provide information for items marked "unknown" in this report.

REMINDER:

1. This system is required to monitor for the following parameters during 2005: lead and copper tap sampling (samples taken 6/21/05 & 7/11/05); total trihalomethanes and haloacetic Acids (annually); and total coliform bacteria including residual disinfectant levels (monthly). Monthly operation reports are due within 10 days after the month of operation.
2. No later than **December 31, 2005**, suppliers of water shall provide an operation and maintenance manual for each of their drinking water plants and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555.350(13), F.A.C.]

Inspector  Title Env. Specialist I Date 10/3/05

Approved by  Title Environmental Manager Date 10/10/05